External Interface Specification (EIS) for DEERS State Medicaid X12 Interface Design

Prepared for

The Office of the Under Secretary of Defense

Personnel and Readiness

And

The Defense Manpower Data Center

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1. Scope

1.1. Identification

The purpose of the External Interface Specification (EIS) for DEERS State Medicaid X12 Interface Design document is to provide information on how the Defense Enrollment Eligibility Reporting System (DEERS) communicates with the outside world using the Accredited Standards Committee (ASC) X12 protocol. The goal of the X12 protocol is to provide a standardized message structure that allows Electronic Data Interchange (EDI) trading partners the ability to communicate in a non-proprietary format. Implementation of a standardized message gives trading partners the ability to make changes to their own systems, which do not result in dramatic modifications to their trading partners systems.

1.2. System Overview

The Department of Defense (DoD) operates one of the largest health care systems worldwide. Care is provided directly through more than 160 military hospitals and 300 clinics and indirectly through TRICARE [formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)], a cost-sharing health benefits program. The beneficiary population, estimated to be 17.2 million, includes Active Duty and Retired Army, Navy, Marine Corps, and Air Force Service members, their family members, and their survivors. In addition, legislative action and reciprocal agreements authorize the provision of health care to DoD, U.S. Coast Guard, United States Public Health Service, and National Oceanic and Atmospheric Administration personnel. This broad system of reciprocal health care delivery is referred to as MHS.

In 1974, the U. S. Congress directed DoD to initiate a program to improve the control and distribution of military health care services, to project and allocate costs for existing and planned health care programs, and to minimize fraudulent use of military health benefits by unauthorized persons. DoD recognized that such a program would require the establishment of a comprehensive database or uniform set of enrollment and eligibility information for every person entitled to military health care benefits. The task of creating such a database was complicated by the fact that required information was not uniformly maintained or consistently available from the participating Uniformed Services.

An initial requirement was the collection of enrollment and eligibility information in a consistent format from all participating Uniformed Services. The next step was the implementation of a system that would use the information to manage health benefit programs for eligible beneficiaries.

From July 1976 to July 1979, DoD conducted a series of studies and a demonstration project to examine alternative methods of implementing the enrollment/eligibility concept. The following two objectives were identified:

- Gather demographic and sociographic information on the population entitled to DoD benefits.

- Substantially reduce fraud and misuse of DoD health benefits.

To satisfy these objectives, DEERS was established in fiscal year 1979. In September 1979, a contract for the design, development, and implementation of DEERS was awarded and the system was placed in operation in February 1980.

Since that time, the original objectives and scope of DEERS have been expanded to include eligibility information for other Uniformed Services benefits and interface compatibility with other DoD systems and programs.

The DEERS Eligibility database was designed to meet the eligibility certification requirements of a wide range of health care providers and services. For example, TRICARE Fiscal Intermediaries (FIs) can query the Eligibility database as part of their claim processing cycle. In addition, CHCS personnel can inquire about eligibility before beneficiaries are admitted to Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs). Utilizing online Personnel update transactions, Uniformed Services personnel officers can query the Eligibility database, as well as write current information to the DEERS data records. The Eligibility database includes features that update the DEERS Enrollment database with information received through online transactions.

The Managed Care Support Contractor (MCSC) Interface is designed to provide claim and benefit relevant data to the organizations administering health benefits on behalf of the DoD Health Care Network.

1.3. Business Purpose

The Centers for Medicare and Medicaid Services (CMS) and DMDC allows each of the state Medicaid Plans to query DEERS to determine TRICARE eligibility

1.4. Document Overview

The purpose of the External Interface Specification (EIS) for DEERS State Medicaid X12 Interface Design document is to explain the X12 message structures that must be exchanged between DEERS and State Medicaid Plans.

2.   Referenced Documents

The following documents are referenced in this document:

- ASC X12N-270/271 *Health Care Benefit Inquiry and Response,* Insurance Subcommittee, Version 4010; Washington Publishing Company, 1997.

- DEERS Data Dictionary.

3.   Change Log

- Expanded number of Subscriber HLs on the 270 & 271 to agreed upon limit of 10,000.

- Changed mapping of Unique Transaction ID from BHT03 to TRN02

- Updated GS08 to 004010X092A1 for HIPAA Eligibility Inquiry/Response

- Included TRN segment in Dependent loop of 271. The trace number should be returned with the found person.

- Included INS03 & INS04 at both Subscriber & Dependent Levels of 271, to be used to indicate a soft match.

4. Interface Design

The general concept in X12, which predominates all types of transactions, is that there is an information source and an information receiver. This concept is consistent in any X12 transaction. The information source is considered to be the entity that has the answers to the questions being asked. The source is typically the payer, insurer, or an entity maintaining records. The entity regarded as the information receiver is described as the one asking the questions. DEERS is considered to be the information source.

X12 characterizes the individual who is the insured member as the 'Subscriber'. Anyone receiving health benefits because of their association with the subscriber is considered to be a 'Dependent' of that subscriber.

4.1. Interchange and Application Control Structures

Identifies options selected for implementation or exceptions to ASC X12 interchange and application control structures.

4.2. Application Control Structure Definitions and Concepts

Identifies options selected for implementation or exceptions to ASC X12 application control structure definitions and concepts.

4.3. Business Transaction Structure Definitions and Concepts

Identifies options selected for implementation or exceptions to ASC X12 business transaction structure definitions and concepts.

4.4.   ICS Interchange Control Structures

Introduction:

The purpose of this standard is to define the control structures for the electronic interchange of one or more encoded business transactions including the EDI (Electronic Data Interchange) encoded transactions of Accredited Standards Committee X12. This standard provides the interchange envelope of a header and trailer for the electronic interchange through a data transmission, and it provides a structure to acknowledge the receipt and processing of this envelope.

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ISA	Interchange Control Header	M	1		
M	020	GS	Functional Group Header	M	1		
M	030	GE	Functional Group Trailer	M	1		
M	040	IEA	Interchange Control Trailer	M	1		

Segment:	**ISA** Interchange Control Header	
Position:	010	
Loop:		
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To start and identify an interchange of zero or more functional groups and interchange-related control segments	
Syntax Notes:		
Semantic Notes:		
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	ISA01	I01	**Authorization Information Qualifier**	M	ID 2/2

Code to identify the type of information in the Authorization Information

00		No Authorization Information Present (No Meaningful Information in I02)

	Ref. Des.	Data Element	Name		Attributes
M	ISA02	I02	**Authorization Information**	M	AN 10/10

Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

	Ref. Des.	Data Element	Name		Attributes
M	ISA03	I03	**Security Information Qualifier**	M	ID 2/2

Code to identify the type of information in the Security Information

00		No Security Information Present (No Meaningful Information in I04)

	Ref. Des.	Data Element	Name		Attributes
M	ISA04	I04	**Security Information**	M	AN 10/10

This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

	Ref. Des.	Data Element	Name		Attributes
M	ISA05	I05	**Interchange ID Qualifier**	M	ID 2/2

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

DEERS/DMDC will use a ZZ qualifier when sending EDI transmissions.

Refer to 004010 Data Element Dictionary for acceptable code values.

	Ref. Des.	Data Element	Name		Attributes
M	ISA06	I06	**Interchange Sender ID**	M	AN 15/15

Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

DEERS/DMDC will use a DMDCDEERS1600NB qualifier when sending EDI transmissions.

	Ref. Des.	Data Element	Name		Attributes
M	ISA07	I05	**Interchange ID Qualifier**	M	ID 2/2

Qualifier to designate the system/method of code structure used to designate

the sender or receiver ID element being qualified

Please use a ZZ qualifier on outbound transmissions.

Refer to 004010 Data Element Dictionary for acceptable code values.

M	**ISA08**	**I07**	**Interchange Receiver ID**	**M**	**AN 15/15**

Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

Please use DMDCSEERS1600NB to represent DMDC / DEERS.

M	**ISA09**	**I08**	**Interchange Date**	**M**	**DT 6/6**

Date of the interchange

M	**ISA10**	**I09**	**Interchange Time**	**M**	**TM 4/4**

Time of the interchange

M	**ISA11**	**I10**	**Interchange Control Standards Identifier**	**M**	**ID 1/1**

Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

Refer to 004010 Data Element Dictionary for acceptable code values.

M	**ISA12**	**I11**	**Interchange Control Version Number**	**M**	**ID 5/5**

This version number covers the interchange control segments

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M	**ISA13**	**I12**	**Interchange Control Number**	**M**	**N0 9/9**

A control number assigned by the interchange sender

Must be same value as IEA02

M	**ISA14**	**I13**	**Acknowledgment Requested**	**M**	**ID 1/1**

Code sent by the sender to request an interchange acknowledgment (TA1)

0   No Acknowledgment Requested

M	**ISA15**	**I14**	**Usage Indicator**	**M**	**ID 1/1**

Code to indicate whether data enclosed by this interchange envelope is test, production or information

P   Production Data

T   Test Data

M	**ISA16**	**I15**	**Component Element Separator**	**M**	**AN 1/1**

Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

Segment:	**GS** Functional Group Header
Position:	020
Loop:	
Level:	
Usage:	Mandatory
Max Use:	1
Purpose:	To indicate the beginning of a functional group and to provide control information
Syntax Notes:	
Semantic Notes:	**1** GS04 is the group date.
	2 GS05 is the group time.
	3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.
Comments:	**1** A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	GS01	479	**Functional Identifier Code**	M	ID 2/2

Code identifying a group of application related transaction sets

FA	Functional Acknowledgment (997)
HB	Eligibility, Coverage or Benefit Information (271)
HS	Eligibility, Coverage or Benefit Inquiry (270)

M	GS02	142	**Application Sender's Code**	M	AN 2/15

Code identifying party sending transmission; codes agreed to by trading partners

M	GS03	124	**Application Receiver's Code**	M	AN 2/15

Code identifying party receiving transmission; codes agreed to by trading partners

Please send 270MM in Application Receiver's Code on 270 transaction sets used for the DEERS Medicaid Match Process.

270MM	Medicaid Match

M	GS04	373	**Date**	M	DT 8/8

Date expressed as CCYYMMDD

M	GS05	337	**Time**	M	TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

M	GS06	28	**Group Control Number**	M	N0 1/9

Assigned number originated and maintained by the sender

Must be same value as GE02

| M | GS07 | 455 | **Responsible Agency Code** | M | **ID 1/2** |

Code used in conjunction with Data Element 480 to identify the issuer of the standard

Refer to 004010 Data Element Dictionary for acceptable code values.

| M | GS08 | 480 | **Version / Release / Industry Identifier Code** | M | **AN 1/12** |

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

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004010X092A1

HIPAA Eligibility Inquiry / Response Standard

Segment:	**GE** Functional Group Trailer
Position:	030
Loop:	
Level:	
Usage:	Mandatory
Max Use:	1
Purpose:	To indicate the end of a functional group and to provide control information
Syntax Notes:	
Semantic Notes:	1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments:	1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	GE01	97	**Number of Transaction Sets Included**	M N0 1/6
			Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	
M	GE02	28	**Group Control Number**	M N0 1/9
			Assigned number originated and maintained by the sender	
			Must be same value as SE02	

Segment:	**IEA** Interchange Control Trailer
Position:	040
Loop:	
Level:	
Usage:	Mandatory
Max Use:	1
Purpose:	To define the end of an interchange of zero or more functional groups and interchange-related control segments
Syntax Notes:	
Semantic Notes:	
Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**IEA01**	**I16**	**Number of Included Functional Groups**	**M**	**N0 1/5**
			A count of the number of functional groups included in an interchange		
M	**IEA02**	**I12**	**Interchange Control Number**	**M**	**N0 9/9**
			A control number assigned by the interchange sender		
			Must be same value as SE02		

5. Acknowledgments

5.1. 997 Functional Acknowledgment

Functional Group ID=FA

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Functional Acknowledgment Transaction Set (997) for use within the context of an Electronic Data Interchange (EDI) environment. The transaction set can be used to define the control structures for a set of acknowledgments to indicate the results of the syntactical analysis of the electronically encoded documents. The encoded documents are the transaction sets, which are grouped in functional groups, used in defining transactions for business data interchange. This standard does not cover the semantic meaning of the information encoded in the transaction sets.

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		n1
M	020	AK1	Functional Group Response Header	M	1		n2
			LOOP ID - AK2			999999	
	030	AK2	Transaction Set Response Header	O	1		n3
			LOOP ID - AK3			999999	
	040	AK3	Data Segment Note	O	1		c1
	050	AK4	Data Element Note	O	99		
M	060	AK5	Transaction Set Response Trailer	M	1		
M	070	AK9	Functional Group Response Trailer	M	1		
M	080	SE	Transaction Set Trailer	M	1		

Transaction Set Notes

1. These acknowledgments shall not be acknowledged, thereby preventing an endless cycle of acknowledgments of acknowledgments. Nor shall a Functional Acknowledgment be sent to report errors in a previous Functional Acknowledgment.

   The Functional Group Header Segment (GS) is used to start the envelope for the Functional Acknowledgment Transaction Sets. In preparing the functional group of acknowledgments, the application sender's code and the application receiver's code, taken from the functional group being acknowledged, are exchanged; therefore, one acknowledgment functional group responds to only those functional groups from one application receiver's code to one application sender's code.

   There is only one Functional Acknowledgment Transaction Set per acknowledged functional group.

2. AK1 is used to respond to the functional group header and to start the acknowledgement for a functional group. There shall be one AK1 segment for the functional group that is being acknowledged.

3. AK2 is used to start the acknowledgement of a transaction set within the received functional group. The AK2 segments shall appear in the same order as the transaction sets in the functional group that has been received and is being acknowledged.

Transaction Set Comments

1.   The data segments of this standard are used to report the results of the syntactical analysis of the functional groups of transaction sets; they report the extent to which the syntax complies with the standards for transaction sets and functional groups. They do not report on the semantic meaning of the transaction sets (for example, on the ability of the receiver to comply with the request of the sender).

Segment:		ST **Transaction Set Header**			
Position:		010			
Loop:					
Level:					
Usage:		Mandatory			
Max Use:		1			
Purpose:		To indicate the start of a transaction set and to assign a control number			
Syntax Notes:					
Semantic Notes:		**1**	The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).		
Comments:					

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**ST01**	**143**	**Transaction Set Identifier Code**	**M**	**ID 3/3**
			Code uniquely identifying a Transaction Set		
			997	Functional Acknowledgment	
M	**ST02**	**329**	**Transaction Set Control Number**	**M**	**AN 4/9**
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
			Must be same value as SE02		

Segment:	**AK1** Functional Group Response Header		
Position:	020		
Loop:			
Level:			
Usage:	Mandatory		
Max Use:	1		
Purpose:	To start acknowledgment of a functional group		
Syntax Notes:			
Semantic Notes:	1	AK101 is the functional ID found in the GS segment (GS01) in the functional group being acknowledged.	
	2	AK102 is the functional group control number found in the GS segment in the functional group being acknowledged.	
Comments:			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**AK101**	**479**	**Functional Identifier Code**	**M**	**ID 2/2**
			Code identifying a group of application related transaction sets		
			FA Functional Acknowledgment (997)		
			HB Eligibility, Coverage or Benefit Information (271)		
			HS Eligibility, Coverage or Benefit Inquiry (270)		
M	**AK102**	**28**	**Group Control Number**	**M**	**N0 1/9**
			Assigned number originated and maintained by the sender		

Segment:	$AK2$ **Transaction Set Response Header**	
Position:	030	
Loop:	AK2 Optional	
Level:		
Usage:	Optional	
Max Use:	1	
Purpose:	To start acknowledgment of a single transaction set	
Syntax Notes:		
Semantic Notes:	**1** AK201 is the transaction set ID found in the ST segment (ST01) in the transaction set being acknowledged.	
	2 AK202 is the transaction set control number found in the ST segment in the transaction set being acknowledged.	
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**AK201**	**143**	**Transaction Set Identifier Code**	**M**	**ID 3/3**

Code uniquely identifying a Transaction Set

270		Eligibility, Coverage or Benefit Inquiry
271		Eligibility, Coverage or Benefit Information

	Ref. Des.	Data Element	Name		Attributes
M	**AK202**	**329**	**Transaction Set Control Number**	**M**	**AN 4/9**

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

	Segment:	**AK3** Data Segment Note
	Position:	040
	Loop:	AK3 Optional
	Level:	
	Usage:	Optional
	Max Use:	1
	Purpose:	To report errors in a data segment and identify the location of the data segment
	Syntax Notes:	
	Semantic Notes:	
	Comments:	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AK301	721	**Segment ID Code**	M	ID 2/3
			Code defining the segment ID of the data segment in error (See Appendix A - Number 77)		
M	AK302	719	**Segment Position in Transaction Set**	M	N0 1/6
			The numerical count position of this data segment from the start of the transaction set: the transaction set header is count position 1		
	AK303	447	**Loop Identifier Code**	O	AN 1/6
			The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE		
	AK304	720	**Segment Syntax Error Code**	O	ID 1/3
			Code indicating error found based on the syntax editing of a segment		

1	Unrecognized segment ID
2	Unexpected segment
3	Mandatory segment missing
4	Loop Occurs Over Maximum Times
5	Segment Exceeds Maximum Use
6	Segment Not in Defined Transaction Set
7	Segment Not in Proper Sequence
8	Segment Has Data Element Errors

Segment:		AK4 Data Element Note		
Position:		050		
Loop:		AK3 Optional		
Level:				
Usage:		Optional		
Max Use:		99		
Purpose:		To report errors in a data element or composite data structure and identify the location of the data element		
Syntax Notes:				
Semantic Notes:		1	In no case shall a value be used for AK404 that would generate a syntax error, e.g., an invalid character.	
Comments:				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**AK401**	**C030**	**Position in Segment**	**M**

Code indicating the relative position of a simple data element, or the relative position of a composite data structure combined with the relative position of the component data element within the composite data structure, in error; the count starts with 1 for the simple data element or composite data structure immediately following the segment ID

M	**C03001**	**722**	**Element Position in Segment**	**M N0 1/2**

This is used to indicate the relative position of a simple data element, or the relative position of a composite data structure with the relative position of the component within the composite data structure, in error; in the data segment the count starts with 1 for the simple data element or composite data structure immediately following the segment ID

	C03002	**1528**	**Component Data Element Position in Composite**	**O N0 1/2**

To identify the component data element position within the composite that is in error

	AK402	**725**	**Data Element Reference Number**	**O N0 1/4**

Reference number used to locate the data element in the Data Element Dictionary

M	**AK403**	**723**	**Data Element Syntax Error Code**	**M ID 1/3**

Code indicating the error found after syntax edits of a data element

	1	Mandatory data element missing
	2	Conditional required data element missing.
	3	Too many data elements.
	4	Data element too short.
	5	Data element too long.
	6	Invalid character in data element.
	7	Invalid code value.
	8	Invalid Date

| 9 | Invalid Time |
| 10 | Exclusion Condition Violated |

AK404   **724**   **Copy of Bad Data Element**   **O   AN 1/99**

This is a copy of the data element in error

Segment:	**AK5** Transaction Set Response Trailer	
Position:	060	
Loop:	AK2 Optional	
Level:		
Usage:	Mandatory	
Max Use:	1	
Purpose:	To acknowledge acceptance or rejection and report errors in a transaction set	
Syntax Notes:		
Semantic Notes:		
Comments:		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AK501	717	**Transaction Set Acknowledgment Code**	M ID 1/1

Code indicating accept or reject condition based on the syntax editing of the transaction set

A	Accepted
E	Accepted But Errors Were Noted
M	Rejected, Message Authentication Code (MAC) Failed
R	Rejected
W	Rejected, Assurance Failed Validity Tests
X	Rejected, Content After Decryption Could Not Be Analyzed

	Ref. Des.	Data Element	Name	Attributes
	AK502	718	**Transaction Set Syntax Error Code**	O ID 1/3

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed

15	Unknown Security Originator	
16	Syntax Error in Decrypted Text	
17	Security Not Supported	
23	Transaction Set Control Number Not Unique within the Functional Group	
24	S3E Security End Segment Missing for S3S Security Start Segment	
25	S3S Security Start Segment Missing for S3E Security End Segment	
26	S4E Security End Segment Missing for S4S Security Start Segment	
27	S4S Security Start Segment Missing for S4E Security End Segment	

AK503   **718**   **Transaction Set Syntax Error Code**   **O   ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

AK504   **718**   **Transaction Set Syntax Error Code**   **O   ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End Segment
26	S4E Security End Segment Missing for S4S Security Start Segment
27	S4S Security Start Segment Missing for S4E Security End Segment

AK505   **718**   **Transaction Set Syntax Error Code**   **O   ID 1/3**

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown

10	Requested Service (Authentication or Encrypted) Not Available	
11	Unknown Security Recipient	
12	Incorrect Message Length (Encryption Only)	
13	Message Authentication Code Failed	
15	Unknown Security Originator	
16	Syntax Error in Decrypted Text	
17	Security Not Supported	
23	Transaction Set Control Number Not Unique within the Functional Group	
24	S3E Security End Segment Missing for S3S Security Start Segment	
25	S3S Security Start Segment Missing for S3E Security End Segment	
26	S4E Security End Segment Missing for S4S Security Start Segment	
27	S4S Security Start Segment Missing for S4E Security End Segment	

AK506   718   Transaction Set Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of a transaction set

1	Transaction Set Not Supported
2	Transaction Set Trailer Missing
3	Transaction Set Control Number in Header and Trailer Do Not Match
4	Number of Included Segments Does Not Match Actual Count
5	One or More Segments in Error
6	Missing or Invalid Transaction Set Identifier
7	Missing or Invalid Transaction Set Control Number
8	Authentication Key Name Unknown
9	Encryption Key Name Unknown
10	Requested Service (Authentication or Encrypted) Not Available
11	Unknown Security Recipient
12	Incorrect Message Length (Encryption Only)
13	Message Authentication Code Failed
15	Unknown Security Originator
16	Syntax Error in Decrypted Text
17	Security Not Supported
23	Transaction Set Control Number Not Unique within the Functional Group
24	S3E Security End Segment Missing for S3S Security Start Segment
25	S3S Security Start Segment Missing for S3E Security End

Segment:		**AK9** Functional Group Response Trailer	
Position:		070	
Loop:			
Level:			
Usage:		Mandatory	
Max Use:		1	
Purpose:		To acknowledge acceptance or rejection of a functional group and report the number of included transaction sets from the original trailer, the accepted sets, and the received sets in this functional group	
Syntax Notes:			
Semantic Notes:			
Comments:		**1** If AK901 contains the value "A" or "E", then the transmitted functional group is accepted.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**AK901**	**715**	**Functional Group Acknowledge Code**	**M ID 1/1**

Code indicating accept or reject condition based on the syntax editing of the functional group

	A	Accepted
	E	Accepted, But Errors Were Noted.
	M	Rejected, Message Authentication Code (MAC) Failed
	P	Partially Accepted, At Least One Transaction Set Was Rejected
	R	Rejected
	W	Rejected, Assurance Failed Validity Tests
	X	Rejected, Content After Decryption Could Not Be Analyzed

M	**AK902**	**97**	**Number of Transaction Sets Included**	**M N0 1/6**

Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element

M	**AK903**	**123**	**Number of Received Transaction Sets**	**M N0 1/6**

Number of Transaction Sets received

M	**AK904**	**2**	**Number of Accepted Transaction Sets**	**M N0 1/6**

Number of accepted Transaction Sets in a Functional Group

	AK905	**716**	**Functional Group Syntax Error Code**	**O ID 1/3**

Code indicating error found based on the syntax editing of the functional group header and/or trailer

	1	Functional Group Not Supported
	2	Functional Group Version Not Supported
	3	Functional Group Trailer Missing

4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed
19	S1E Security End Segment Missing for S1S Security Start Segment
20	S1S Security Start Segment Missing for S1E End Segment
21	S2E Security End Segment Missing for S2S Security Start Segment
22	S2S Security Start Segment Missing for S2E Security End Segment
23	S3E Security End Segment Missing for S3S Security Start Segment
24	S3S Security Start Segment Missing for S3E End Segment
25	S4E Security End Segment Missing for S4S Security Start Segment
26	S4S Security Start Segment Missing for S4E Security End Segment

AK906   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available

13	Unknown Security Recipient	
14	Unknown Security Originator	
15	Syntax Error in Decrypted Text	
16	Security Not Supported	
17	Incorrect Message Length (Encryption Only)	
18	Message Authentication Code Failed	
19	S1E Security End Segment Missing for S1S Security Start Segment	
20	S1S Security Start Segment Missing for S1E End Segment	
21	S2E Security End Segment Missing for S2S Security Start Segment	
22	S2S Security Start Segment Missing for S2E Security End Segment	
23	S3E Security End Segment Missing for S3S Security Start Segment	
24	S3S Security Start Segment Missing for S3E End Segment	
25	S4E Security End Segment Missing for S4S Security Start Segment	
26	S4S Security Start Segment Missing for S4E Security End Segment	

AK907   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed
19	S1E Security End Segment Missing for S1S Security Start Segment

20	S1S Security Start Segment Missing for S1E End Segment
21	S2E Security End Segment Missing for S2S Security Start Segment
22	S2S Security Start Segment Missing for S2E Security End Segment
23	S3E Security End Segment Missing for S3S Security Start Segment
24	S3S Security Start Segment Missing for S3E End Segment
25	S4E Security End Segment Missing for S4S Security Start Segment
26	S4S Security Start Segment Missing for S4E Security End Segment

AK908   **716**   **Functional Group Syntax Error Code**   **O   ID 1/3**

Code indicating error found based on the syntax editing of the functional group header and/or trailer

1	Functional Group Not Supported
2	Functional Group Version Not Supported
3	Functional Group Trailer Missing
4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
5	Number of Included Transaction Sets Does Not Match Actual Count
6	Group Control Number Violates Syntax
10	Authentication Key Name Unknown
11	Encryption Key Name Unknown
12	Requested Service (Authentication or Encryption) Not Available
13	Unknown Security Recipient
14	Unknown Security Originator
15	Syntax Error in Decrypted Text
16	Security Not Supported
17	Incorrect Message Length (Encryption Only)
18	Message Authentication Code Failed
19	S1E Security End Segment Missing for S1S Security Start Segment
20	S1S Security Start Segment Missing for S1E End Segment
21	S2E Security End Segment Missing for S2S Security Start Segment
22	S2S Security Start Segment Missing for S2E Security End Segment
23	S3E Security End Segment Missing for S3S Security Start Segment
24	S3S Security Start Segment Missing for S3E End Segment

	25	S4E Security End Segment Missing for S4S Security Start Segment
	26	S4S Security Start Segment Missing for S4E Security End Segment

AK909   716   Functional Group Syntax Error Code   O   ID 1/3

Code indicating error found based on the syntax editing of the functional group header and/or trailer

	1	Functional Group Not Supported
	2	Functional Group Version Not Supported
	3	Functional Group Trailer Missing
	4	Group Control Number in the Functional Group Header and Trailer Do Not Agree
	5	Number of Included Transaction Sets Does Not Match Actual Count
	6	Group Control Number Violates Syntax
	10	Authentication Key Name Unknown
	11	Encryption Key Name Unknown
	12	Requested Service (Authentication or Encryption) Not Available
	13	Unknown Security Recipient
	14	Unknown Security Originator
	15	Syntax Error in Decrypted Text
	16	Security Not Supported
	17	Incorrect Message Length (Encryption Only)
	18	Message Authentication Code Failed
	19	S1E Security End Segment Missing for S1S Security Start Segment
	20	S1S Security Start Segment Missing for S1E End Segment
	21	S2E Security End Segment Missing for S2S Security Start Segment
	22	S2S Security Start Segment Missing for S2E Security End Segment
	23	S3E Security End Segment Missing for S3S Security Start Segment
	24	S3S Security Start Segment Missing for S3E End Segment
	25	S4E Security End Segment Missing for S4S Security Start Segment
	26	S4S Security Start Segment Missing for S4E Security End Segment

Segment:	SE **Transaction Set Trailer**		
Position:	080		
Loop:			
Level:			
Usage:	Mandatory		
Max Use:	1		
Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)		
Syntax Notes:			
Semantic Notes:			
Comments:	1	SE is the last segment of each transaction set.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SE01	96	**Number of Included Segments**	M N0 1/10
			Total number of segments included in a transaction set including ST and SE segments	
M	SE02	329	**Transaction Set Control Number**	M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			Must be same as ST02	

6.   Transactions

6.1.   270 DEERS Medicaid Match - Inquiry

Functional Group ID=HS

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to inquire about the eligibility, coverages or benefits associated with a benefit plan, employer, plan sponsor, subscriber or a dependent under the subscriber's policy. The transaction set is intended to be used by all lines of insurance such as Health, Life, and Property and Casualty.

Heading:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		
M	020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			1	
M	010	HL	Information Source Level	M	1		
			LOOP ID - 2100A			1	
M	030	NM1	Information Source Name	M	1		
			LOOP ID - 2000B			1	
M	010	HL	Information Receiver Level	M	1		
			LOOP ID - 2100B			1	
M	030	NM1	Information Receiver Name	M	1		
Must Use	070	N4	Information Receiver City/State/ZIP Code	O	1		
			LOOP ID - 2000C			10000	
M	010	HL	Subscriber Level	M	1		
Must Use	020	TRN	Subscriber Trace Number	O	2		
			LOOP ID - 2100C			1	
M	030	NM1	Subscriber Name	M	1		
Must Use	040	REF	Subscriber Additional Identification	O	1		
	040	REF	Subscriber Additional Identification	O	1		
	060	N3	Subscriber Address	O	1		
	070	N4	Subscriber City/State/ZIP Code	O	1		

100	DMG	Subscriber Demographic Information	O	1	
		LOOP ID - 2110C			1
130	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1	

Summary:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	210	SE	Transaction Set Trailer	M	1		

Segment:	ST **Transaction Set Header**	
Position:	010	
Loop:		
Level:	Heading	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To indicate the start of a transaction set and to assign a control number	
Syntax Notes:		
Semantic Notes:	1	The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
Comments:		
Notes:	Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.	

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	ST01	143	**Transaction Set Identifier Code**	M ID 3/3

Code uniquely identifying a Transaction Set

Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set.

INDUSTRY: Transaction Set Identifier Code

270	Eligibility, Coverage or Benefit Inquiry	

	Ref. Des.	Data Element	Name	Attributes
M	ST02	329	**Transaction Set Control Number**	M AN 4/9

Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set

The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with the number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number

Segment:		**BHT** Beginning of Hierarchical Transaction		
Position:		020		
Loop:				
Level:		Heading		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time		
Syntax Notes:				
Semantic Notes:		1	BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.	
		2	BHT04 is the date the transaction was created within the business application system.	
		3	BHT05 is the time the transaction was created within the business application system.	
Comments:				
Notes:		Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**BHT01**	**1005**	**Hierarchical Structure Code**	**M ID 4/4**
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	
			INDUSTRY: Hierarchical Structure Code	
			0022 Information Source, Information Receiver, Subscriber, Dependent	
M	**BHT02**	**353**	**Transaction Set Purpose Code**	**M ID 2/2**
			Code identifying purpose of transaction set	
			INDUSTRY: Transaction Set Purpose Code	
			13 Request	
Must Use	**BHT04**	**373**	**Date**	**O DT 8/8**
			Date expressed as CCYYMMDD	
			Use this date for the date the transaction set was generated.	
			INDUSTRY: Transaction Set Creation Date	
Must Use	**BHT05**	**337**	**Time**	**O TM 4/8**
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	

Use this time for the time the transaction set was generated.

INDUSTRY: Transaction Set Creation Time

Segment:	**HL** Information Source Level	
Position:	010	
Loop:	2000A	Mandatory
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments	
Syntax Notes:		
Semantic Notes:		
Comments:	**1**	The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
		The HL segment defines a top-down/left-right ordered structure.
	2	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4	HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5	HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:
Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000A (Information Source) loop is to be created for each unique information source in a transaction. Each Loop 2000B (Information Receiver) loop that is subordinate to an information source is to be contained within only one Loop 2000A loop. There has been a misuse of the HL structure creating multiple Loops 2000As for the same information source. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
   Subscriber (Loop 2000C)
     Dependent (Loop 2000D)
       Eligibility or Benefit Inquiry
     Dependent (Loop 2000D)

Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:

HL*1**20*1~

NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

INDUSTRY: Hierarchical ID Number

1		Incremental

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

20		Information Source
		Identifies the payor, maintainer, or source of the information

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".

INDUSTRY: Hierarchical Child Code

1		Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:	**NM1** Information Source Name		
Position:	030		
Loop:	2100A Mandatory		
Level:	Detail		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To supply the full name of an individual or organizational entity		
Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.	
	2	If NM111 is present, then NM110 is required.	
Semantic Notes:	**1**	NM102 qualifies NM103.	
Comments:	**1**	NM110 and NM111 further define the type of entity in NM101.	
Notes:	Use this NM1 loop to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source, (e.g., insurance company, HMO, IPA, employer).		

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**NM101**	**98**	**Entity Identifier Code**	**M**	**ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			P5 Plan Sponsor		
M	**NM102**	**1065**	**Entity Type Qualifier**	**M**	**ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
Must Use	**NM103**	**1035**	**Name Last or Organization Name**	**O**	**AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information.		
			INDUSTRY: Information Source Last or Organization Name		
			DMDCDEER S		
Must Use	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use. Otherwise one of the other appropriate code values may be used.		

			INDUSTRY: Identification Code Qualifier			
		46	Electronic Transmitter Identification Number (ETIN)			
			A unique number assigned to each transmitter and software developer			

Must Use	**NM109**	**67**	**Identification Code**		**X**	**AN 2/80**

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Source Primary Identifier

DMDCDEERS1600NB

Segment:	**HL** Information Receiver Level	
Position:	010	
Loop:	2000B	Mandatory
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments	
Syntax Notes:		
Semantic Notes:		
Comments:	**1**	The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
		The HL segment defines a top-down/left-right ordered structure.
	2	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4	HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5	HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

In a batch environment, only one Loop 2000B (Information Receiver) loop is to be created for each unique information receiver within an Loop 2000A (Information Source) loop. Each Loop 2000C (Subscriber) loop that is subordinate to an information receiver is to be contained within only one Loop 2000B loop. There has been a misuse of the HL structure creating multiple Loop 2000Bs for the same information receiver with in an information source loop. This is not the developer's intended use of the HL structure, and defeats the efficiencies that are designed into the HL structure.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)
Information Receiver (Loop 2000B)
    Subscriber (Loop 2000C)
       Dependent (Loop 2000D)
          Eligibility or Benefit Inquiry
       Dependent (Loop 2000D)

Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

INDUSTRY: Hierarchical ID Number

2		Incremental

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

1	

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

21		Information Receiver
		Identifies the provider or party(ies) who are the recipient(s) of the information

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because an additional HL always

exists in this transaction, the code value in HL04 at the Loop 2000B level will always be "1".

INDUSTRY: Hierarchical Child Code

1   Additional Subordinate HL Data Segment in This
                     Hierarchical Structure.

Segment:	**NM1** Information Receiver Name		
Position:	030		
Loop:	2100B Mandatory		
Level:	Detail		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To supply the full name of an individual or organizational entity		
Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.	
	2	If NM111 is present, then NM110 is required.	
Semantic Notes:	**1**	NM102 qualifies NM103.	
Comments:	**1**	NM110 and NM111 further define the type of entity in NM101.	
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, employer, IPA, or hospital).		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**NM101**	**98**	**Entity Identifier Code**	**M**	**ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
M	**NM102**	**1065**	**Entity Type Qualifier**	**M**	**ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization. INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
	NM103	**1035**	**Name Last or Organization Name**	**O**	**AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the receiver of eligibility or benefit information. INDUSTRY: Information Receiver Last or Organization Name		
Must Use	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the National Provider ID is mandated for use, use code value "XX". Otherwise one of the other code values may be used. If another code		

value is used, the following hierarchy must be applied: Use the first code that applies: "SV", "PP", "FI", "34", "24", "PI". The code "SV" is recommended to be used prior to the mandated of use of National Provider ID.

INDUSTRY: Identification Code Qualifier

SV	Service Provider Number

Use this code for the identification number assigned by the information source to be used by the information receiver in health care transactions.

Must Use	NM109	67	**Identification Code**		X	AN 2/80

Code identifying a party or other code

Use this reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Receiver Identification Number

DEERS: State Code Number

Segment:	**N4** **Information Receiver City/State/ZIP Code**
Position:	070
Loop:	2100B Mandatory
Level:	Detail
Usage:	Optional (Must Use)
Max Use:	1
Purpose:	To specify the geographic place of the named party
Syntax Notes:	1 If N406 is present, then N405 is required.
Semantic Notes:	
Comments:	1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes:	Use this segment if the information receiver is a provider who has multiple locations and it is needed to identify the location relative to the request.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
Must Use	N402	156	**State or Province Code**	O ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency	
			Use this code for the state code of the information receiver's address.	
			INDUSTRY: Information Receiver State Code	
			DEERS: State Code	

Segment:	**HL** Subscriber Level
Position:	010
Loop:	2000C Mandatory
Level:	Detail
Usage:	Mandatory
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	

Comments:

1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

   The HL segment defines a top-down/left-right ordered structure.

2. HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

3. HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

4. HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.

5. HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:

If the transaction set is to be used in a real time mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain only one patient request. One patient is defined as either, one subscriber loop if the member is the patient, or one dependent loop if the dependent is the patient. If the transaction set is to be used in a batch mode (see section 1.3.2 for additional detail), it is required that the 270 transaction contain a maximum of ninety-nine patient requests. Each patient is defined as either, one subscriber loop if the member is the patient, or one subscriber loop and one dependent loop if the dependent is the patient. Although it is not recommended, if the number of patients is to be greater than one for real time mode or greater than ninety-nine for batch mode, the trading partners (the Information Source, the Information Receiver and the switch the transaction is routed through, if there is one involved) must all agree to exceed the number of patient requests and agree to a reasonable limit.

Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source (Loop 2000A)

Information Receiver (Loop 2000B)

Subscriber (Loop 2000C)
   Dependent (Loop 2000D)
     Eligibility or Benefit Inquiry
   Dependent (Loop 2000D)
     Eligibility or Benefit Inquiry
Subscriber (Loop 2000C)
   Eligibility or Benefit Inquiry

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
Eligibility/Benefit Data

INDUSTRY: Hierarchical ID Number

Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this code to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

2

M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

22	Subscriber

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

Must Use	HL04	736	**Hierarchical Child Code**	**O**	**ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

If there is a Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "1". If there is no Loop 2000D (Dependent) level subordinate to the current Loop 2000C, the value will be "0" (zero).

INDUSTRY: Hierarchical Child Code

0	No Subordinate HL Segment in This Hierarchical Structure.

Segment:	**TRN** Subscriber Trace Number
Position:	020
Loop:	2000C Mandatory
Level:	Detail
Usage:	Optional (Must Use)
Max Use:	2
Purpose:	To uniquely identify a transaction to an application
Syntax Notes:	
Semantic Notes:	1 TRN02 provides unique identification for the transaction.
	2 TRN03 identifies an organization.
	3 TRN04 identifies a further subdivision within the organization.
Comments:	
Notes:	Trace numbers assigned at the subscriber level are intended to allow tracing of an eligibility/benefit transaction when the subscriber is the patient.
	The information receiver may assign one TRN segment in this loop if the subscriber is the patient. A clearinghouse may assign one TRN segment in this loop if the subscriber is the patient. See Section 1.3.6 Information Linkage.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	TRN01	481	**Trace Type Code**	M	**ID 1/2**
			Code identifying which transaction is being referenced		
			INDUSTRY: Trace Type Code		
			1 Current Transaction Trace Numbers		
M	TRN02	127	**Reference Identification**	M	**AN 1/30**
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			Use this number for the trace or reference number assigned by the information receiver.		
			INDUSTRY: Trace Number		
			DEERS: Unique Transaction ID		

Segment:		**NM1** Subscriber Name		
Position:		030		
Loop:		2100C Mandatory		
Level:		Detail		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To supply the full name of an individual or organizational entity		
Syntax Notes:		**1** If either NM108 or NM109 is present, then the other is required.		
		2 If NM111 is present, then NM110 is required.		
Semantic Notes:		**1** NM102 qualifies NM103.		
Comments:		**1** NM110 and NM111 further define the type of entity in NM101.		
Notes:		Use this segment to identify an entity by name and/or identification number. Use this NM1 loop to identify the insured or subscriber.		
		Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**NM101**	**98**	**Entity Identifier Code**	**M ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			IL Insured or Subscriber	
M	**NM102**	**1065**	**Entity Type Qualifier**	**M ID 1/1**
			Code qualifying the type of entity	
			Use this code to indicate whether the entity is an individual person or an organization.	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
Must Use	**NM103**	**1035**	**Name Last or Organization Name**	**O AN 1/35**
			Individual last name or organizational name	
			Use this name for the subscriber's last name.	
			Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.	
			INDUSTRY: Subscriber Last Name	
			DEERS: Last Name	
Must Use	**NM104**	**1036**	**Name First**	**O AN 1/25**
			Individual first name	
			Use this name for the subscriber's first name.	

Use this name if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.

INDUSTRY: Subscriber First Name

DEERS: First Name

NM105   **1037**   **Name Middle**   **O   AN 1/25**

Individual middle name or initial

Use this name for the subscriber's middle name or initial. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

INDUSTRY: Subscriber Middle Name

DEERS: Middle Name

Segment:	**REF** Subscriber Additional Identification	
Position:	040	
Loop:	2100C Mandatory	
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.
Comments:		
Notes:	Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.	

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Identification Qualifier**	M	ID 2/3
			Code qualifying the Reference Identification		
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.		
			INDUSTRY: Reference Identification Qualifier		
			SY Social Security Number		
			The social security number may not be used for any Federally administered programs such as Medicare.		
Must Use	REF02	127	**Reference Identification**	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			Use this reference number as qualified by the preceding data element (REF01).		
			INDUSTRY: Subscriber Supplemental Identifier		
			DEERS: SSN		

Segment:	**REF** Subscriber Additional Identification		
Position:	040		
Loop:	2100C	Mandatory	
Level:	Detail		
Usage:	Optional		
Max Use:	1		
Purpose:	To specify identifying information		
Syntax Notes:	1	At least one of REF02 or REF03 is required.	
	2	If either C04003 or C04004 is present, then the other is required.	
	3	If either C04005 or C04006 is present, then the other is required.	
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.	
Comments:			
Notes:	Use this segment when needed to convey identification numbers other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.		

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Identification Qualifier**	M	ID 2/3

Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

INDUSTRY: Reference Identification Qualifier

EJ	Patient Account Number

A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment

Must Use	REF02	127	**Reference Identification**	X	AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Use this reference number as qualified by the preceding data element (REF01).

INDUSTRY: Subscriber Supplemental Identifier

DEERS: State Unique ID Number

	Segment:	**N3** Subscriber Address
	Position:	060
	Loop:	2100C Mandatory
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify the location of the named party
	Syntax Notes:	
	Semantic Notes:	
	Comments:	
	Notes:	Use this segment when needed to convey the address information for the subscriber. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	N301	166	**Address Information**	M	AN 1/55
			Address information		
			Use this information for the first line of the address information. INDUSTRY: Subscriber Address Line DEERS: Address Line 1		
	N302	166	**Address Information**	O	AN 1/55
			Address information		
			Use this information for the second line of the address information. Required if a second address line exists. INDUSTRY: Subscriber Address Line DEERS: Address Line 2		

Segment:	**N4** Subscriber City/State/ZIP Code	
Position:	070	
Loop:	2100C Mandatory	
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify the geographic place of the named party	
Syntax Notes:	**1** If N406 is present, then N405 is required.	
Semantic Notes:		
Comments:	**1** A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.	
	2 N402 is required only if city name (N401) is in the U.S. or Canada.	
Notes:	Use this segment when needed to convey the city, state, and ZIP code for the subscriber. Use if information is known and will assist in identification of the person named, particularly when not utilizing the HIPAA search option.	

Data Element Summary

Ref. Des.	Data Element	Name		Attributes
N401	**19**	**City Name**	**O**	**AN 2/30**
		Free-form text for city name		
		Use this text for the city name of the subscriber's address.		
		INDUSTRY: Subscriber City Name		
		DEERS: City		
N402	**156**	**State or Province Code**	**O**	**ID 2/2**
		Code (Standard State/Province) as defined by appropriate government agency		
		Use this code for the state code of the subscriber's address.		
		INDUSTRY: Subscriber State Code		
		DEERS: City		
N403	**116**	**Postal Code**	**O**	**ID 3/15**
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)		
		Use this code for the ZIP or Postal Code of the subscriber's address.		
		INDUSTRY: Subscriber Postal Zone or ZIP Code		
		DEERS: Zip Code & Zip Code Extension		

Segment:	**DMG** Subscriber Demographic Information
Position:	100
Loop:	2100C Mandatory
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To supply demographic information
Syntax Notes:	**1** If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	**1** DMG02 is the date of birth.
	2 DMG07 is the country of citizenship.
	3 DMG09 is the age in years.
Comments:	
Notes:	Use this segment when needed to convey birth date or gender demographic information for the subscriber.
	Please refer to Section 1.3.8 Search Options for specific information about how to identify an individual to an Information Source.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
DMG01	**1250**	**Date Time Period Format Qualifier**	**X ID 2/3**
		Code indicating the date format, time format, or date and time format	
		Use this code to indicate the format of the date of birth that follows in DMG02.	
		Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.	
		INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
DMG02	**1251**	**Date Time Period**	**X AN 1/35**
		Expression of a date, a time, or range of dates, times or dates and times	
		Use this date for the date of birth of the individual.	
		Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information.	
		INDUSTRY: Subscriber Birth Date	
		DEERS: Birth Date	

Segment:	**EQ** Subscriber Eligibility or Benefit Inquiry Information
Position:	130
Loop:	2110C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify inquired eligibility or benefit information
Syntax Notes:	**1** At least one of EQ01 or EQ02 is required.
Semantic Notes:	
Comments:	

Notes: Use this segment to begin the eligibility/benefit inquiry looping structure.

Use the EQ loop/segment when the subscriber is the patient whose eligibility or benefits are being verified. When the subscriber is not the patient, this loop must not be used.

If the EQ segment is used, either EQ01 - Service Type Code or EQ02 - Composite Medical Procedure Identifier must be used. Only EQ01 or EQ02 is to be sent, not both. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01. An information source may support the use of Service Type Codes other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. An information source may support the use of EQ02 - Composite Medical Procedure Identifier at their discretion. The EQ02 allows for a very specific inquiry, such as one based on a procedure code. Additional information such as diagnosis codes and place of service can be supplied in the III segment of loop 2110C.

If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
Must Use	**EQ01**	**1365**	**Service Type Code**	**X** **ID 1/2**

Code identifying the classification of service

An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.

An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) in EQ01 at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.

If an inquiry is submitted with a Service Type Code from the list other than

"30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. Refer to Section 1.3.6 for additional information.

Not used if EQ02 is used.

INDUSTRY: Service Type Code

30   Health Benefit Plan Coverage

If only a single category of inquiry can be supported, use this code.

Segment:		SE **Transaction Set Trailer**		
Position:		210		
Loop:				
Level:		Summary		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)		
Syntax Notes:				
Semantic Notes:				
Comments:		1 SE is the last segment of each transaction set.		
Notes:		Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	SE01	96	**Number of Included Segments**	M N0 1/10
			Total number of segments included in a transaction set including ST and SE segments	
			Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments. INDUSTRY: Transaction Segment Count	
M	SE02	329	**Transaction Set Control Number**	M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges. INDUSTRY: Transaction Set Control Number	

6.2.   271 DEERS Medicaid Match - Response

271 DEERS Medicaid Match - Response

Functional Group ID=HB

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

Heading:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	010	ST	Transaction Set Header	M	1		
M	020	BHT	Beginning of Hierarchical Transaction	M	1		

Detail:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A			1	
M	010	HL	Information Source Level	M	1		
	025	AAA	Request Validation	O	1		
			LOOP ID - 2100A			1	
Must Use	030	NM1	Information Source Name	O	1		
	085	AAA	Request Validation	O	1		
			LOOP ID - 2000B			1	
Must Use	010	HL	Information Receiver Level	O	1		
			LOOP ID - 2100B			1	
Must Use	030	NM1	Information Receiver Name	O	1		
Must Use	070	N4	Geographic Location	O	1		
	085	AAA	Information Receiver Request Validation	O	1		
			LOOP ID - 2000C			10000	
	010	HL	Subscriber Level	O	1		
	020	TRN	Subscriber Trace Number	O	3		
			LOOP ID - 2100C			1	
Must Use	030	NM1	Subscriber Name	O	1		

Must Use	040	REF	Subscriber Additional Identification	O	1	
	040	REF	Subscriber Additional Identification	O	1	
	085	AAA	Subscriber Request Validation	O	1	
	100	DMG	Subscriber Demographic Information	O	1	
	110	INS	Subscriber Relationship	O	1	
			LOOP ID - 2110C			1
	130	EB	Subscriber Eligibility or Benefit Information	O	1	
	150	DTP	Subscriber Eligibility/Benefit Date	O	1	
	150	DTP	Subscriber Eligibility/Benefit Date	O	1	
	160	AAA	Subscriber Request Validation	O	1	
			LOOP ID - 2000D			1
	010	HL	Dependent Level	O	1	
	020	TRN	Dependent Trace Number	O	3	
			LOOP ID - 2100D			1
Must Use	030	NM1	Dependent Name	O	1	
	040	REF	Dependent Additional Identification	O	1	
	040	REF	Dependent Additional Identification	O	1	
	085	AAA	Dependent Request Validation	O	1	
	100	DMG	Dependent Demographic Information	O	1	
	110	INS	Dependent Relationship	O	1	
			LOOP ID - 2110D			1
	130	EB	Dependent Eligibility or Benefit Information	O	1	
	150	DTP	Dependent Eligibility/Benefit Date	O	1	
	150	DTP	Dependent Eligibility/Benefit Date	O	1	

Summary:

	Pos. No.	Seg. ID	Name	Req. Des.	Max.Use	Loop Repeat	Notes and Comments
M	410	SE	Transaction Set Trailer	M	1		

Segment:		## ST Transaction Set Header		
Position:		010		
Loop:				
Level:		Heading		
Usage:		Mandatory		
Max Use:		1		
Purpose:		To indicate the start of a transaction set and to assign a control number		
Syntax Notes:				
Semantic Notes:		1	The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	
Comments:				
Notes:		Use this control segment to mark the start of a transaction set. One ST segment exists for every transaction set that occurs within a functional group.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	ST01	143	**Transaction Set Identifier Code**	M	ID 3/3
			Code uniquely identifying a Transaction Set		
			Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set. INDUSTRY: Transaction Set Identifier Code		
			271 Eligibility, Coverage or Benefit Information		
M	ST02	329	**Transaction Set Control Number**	M	AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set		
			The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific group and interchange, but can repeat in other groups and interchanges. INDUSTRY: Transaction Set Control Number		

Segment:	**BHT** Beginning of Hierarchical Transaction			
Position:	020			
Loop:				
Level:	Heading			
Usage:	Mandatory			
Max Use:	1			
Purpose:	To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time			
Syntax Notes:				
Semantic Notes:	1	BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.		
	2	BHT04 is the date the transaction was created within the business application system.		
	3	BHT05 is the time the transaction was created within the business application system.		
Comments:				
Notes:	Use this required segment to start the transaction set and indicate the sequence of the hierarchical levels of information that will follow in Table 2.			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**BHT01**	**1005**	**Hierarchical Structure Code**	**M ID 4/4**
			Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	
			Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	
			INDUSTRY: Hierarchical Structure Code	
			0022 Information Source, Information Receiver, Subscriber, Dependent	
M	**BHT02**	**353**	**Transaction Set Purpose Code**	**M ID 2/2**
			Code identifying purpose of transaction set	
			INDUSTRY: Transaction Set Purpose Code	
			11 Response	
Must Use	**BHT04**	**373**	**Date**	**O DT 8/8**
			Date expressed as CCYYMMDD	
			Use this date for the date the transaction set was generated.	
			INDUSTRY: Transaction Set Creation Date	
Must Use	**BHT05**	**337**	**Time**	**O TM 4/8**
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	

Use this time for the time the transaction set was generated.

INDUSTRY: Transaction Set Creation Time

Segment:	**HL** Information Source Level	
Position:	010	
Loop:	2000A	Mandatory
Level:	Detail	
Usage:	Mandatory	
Max Use:	1	
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments	
Syntax Notes:		
Semantic Notes:		
Comments:	**1**	The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
		The HL segment defines a top-down/left-right ordered structure.
	2	HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3	HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4	HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5	HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes: Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source Loop 2000A
Information Receiver Loop 2000B
    Subscriber Loop 2000C
        Dependent Loop 2000D
            Eligibility or Benefit Information
        Dependent Loop 2000D
            Eligibility or Benefit Information
    Subscriber Loop 2000C
        Eligibility or Benefit Information

Data Element Summary

Ref. Des.	Data Element	Name	Attributes

M	**HL01**	**628**	**Hierarchical ID Number**	**M**	**AN 1/12**

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

INDUSTRY: Hierarchical ID Number

1	Incremental

M	**HL03**	**735**	**Hierarchical Level Code**	**M**	**ID 1/2**

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

20	Information Source
	Identifies the payor, maintainer, or source of the information

Must Use	**HL04**	**736**	**Hierarchical Child Code**	**O**	**ID 1/1**

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

INDUSTRY: Hierarchical Child Code

1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:		**AAA** Request Validation		
Position:		025		
Loop:		2000A Mandatory		
Level:		Detail		
Usage:		Optional		
Max Use:		1		
Purpose:		To specify the validity of the request and indicate follow-up action authorized		
Syntax Notes:				
Semantic Notes:		**1**	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	
Comments:		**1**	If AAA02 is used, AAA03 contains a code from an industry code list.	
Notes:		Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.		
		Use of this segment at this location in the HL is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	M ID 1/1
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	O ID 2/2
			Code assigned by issuer to identify reason for rejection	
			Use this code to indicate the reason why the transaction was unable to be processed successfully by the entity identified in either ISA08 or GS03.	
			INDUSTRY: Reject Reason Code	
			04 Authorized Quantity Exceeded	
			Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A.	
			41 Authorization/Access Restrictions	

			Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A.		
		42	Unable to Respond at Current Time		
			Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A.		
		79	Invalid Participant Identification		
			Use this code to indicate that the value in either GS02 or GS03 is invalid.		

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

	Segment:	**NM1** Information Source Name
	Position:	030
	Loop:	2100A Optional (Must Use)
	Level:	Detail
	Usage:	Optional (Must Use)
	Max Use:	1
	Purpose:	To supply the full name of an individual or organizational entity
	Syntax Notes:	1 If either NM108 or NM109 is present, then the other is required.
		2 If NM111 is present, then NM110 is required.
	Semantic Notes:	1 NM102 qualifies NM103.
	Comments:	1 NM110 and NM111 further define the type of entity in NM101.
	Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility or benefit information source (e.g., insurance company, HMO, IPA, employer).

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	**NM101**	**98**	**Entity Identifier Code**	**M**	**ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			P5 Plan Sponsor		
M	**NM102**	**1065**	**Entity Type Qualifier**	**M**	**ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization. INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
	NM103	**1035**	**Name Last or Organization Name**	**O**	**AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization name if NM102 is "2". Otherwise, this will be the individual's last name. Use if available. INDUSTRY: Information Source Last or Organization Name		
			DMDCDEER S		
Must Use	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use code value "XV" if the Information Source is a Payer and the National PlanID is mandated for use. Use code value "XX" if the information source is a provider and the HCFA National Provider Identifier is mandated for use.		

Otherwise one of the other appropriate code values may be used.

INDUSTRY: Identification Code Qualifier

46	Electronic Transmitter Identification Number (ETIN)
	A unique number assigned to each transmitter and software developer

Must Use   NM109   67   Identification Code   X   AN 2/80

Code identifying a party or other code

Use this code for the reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Source Primary Identifier

DMDCDEERS1600NB

Segment:		AAA **Request Validation**			
Position:		085			
Loop:		2100A	Optional (Must Use)		
Level:		Detail			
Usage:		Optional			
Max Use:		1			
Purpose:		To specify the validity of the request and indicate follow-up action authorized			
Syntax Notes:					
Semantic Notes:		1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.		
Comments:		1	If AAA02 is used, AAA03 contains a code from an industry code list.		
Notes:		Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.			
		Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.			

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**		M ID 1/1
			Code indicating a Yes or No condition or response		
			INDUSTRY: Valid Request Indicator		
			N	No	
				Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y	Yes	
				Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**		O ID 2/2
			Code assigned by issuer to identify reason for rejection		
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.		
			INDUSTRY: Reject Reason Code		
			04	Authorized Quantity Exceeded	
				Use this code to indicate that the transaction exceeds the number of patient requests allowed by the Information Source identified in Loop 2100A. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction.	
			41	Authorization/Access Restrictions	

		Use this code to indicate that the entity identified in ISA06 or GS02 is not authorized to submit 270 transactions to the Information Source Identified in Loop 2100A.
	42	Unable to Respond at Current Time
		Use this code to indicate that Information Source Identified in Loop 2100A is unable to process the transaction at the current time. This indicates that there is a problem within the Information Source's system.
	79	Invalid Participant Identification
		Use this code to indicate that Information Source Identified in Loop 2100A is invalid. If the transaction is processed by a clearing house, VAN, etc., use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier for Information Sources the clearing house, VAN, etc. have access to. If the transaction is sent directly to the Information Source, use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier.
	80	No Response received - Transaction Terminated
		Use this code only if the transaction is processed by a clearing house, VAN, etc. Use this code to indicate that the transaction was sent to the Information Source Identified in Loop 2100A however no response was received in the expected time frame.
	T4	Payer Name or Identifier Missing
		Use this code to indicate that either the name or identifier for Information Source Identified in Loop 2100A is missing.

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
P	Please Resubmit Original Transaction
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Segment:	**HL** Information Receiver Level
Position:	010
Loop:	2000B Optional (Must Use)
Level:	Detail
Usage:	Optional (Must Use)
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	**1** The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data. The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

Notes:	Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.
	
	An example of the overall structure of the transaction set when used in batch mode is:
	Information Source Loop 2000A
	Information Receiver Loop 2000B
	    Subscriber Loop 2000C
	        Dependent Loop 2000D
	            Eligibility or Benefit Information
	        Dependent Loop 2000D
	            Eligibility or Benefit Information
	    Subscriber Loop 2000C
	        Eligibility or Benefit Information
	
	This segment is required if this loop is used.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	HL01	628	**Hierarchical ID Number**		M AN 1/12

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
 HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

INDUSTRY: Hierarchical ID Number

		2	Incremental		
Must Use	HL02	734	**Hierarchical Parent ID Number**		O AN 1/12

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this ID number to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

		1	Source		
M	HL03	735	**Hierarchical Level Code**		M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

		21	Information Receiver		

Identifies the provider or party(ies) who are the recipient(s) of the information

Must Use	HL04	736	**Hierarchical Child Code**		O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

INDUSTRY: Hierarchical Child Code

		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.		

Segment:	**NM1** Information Receiver Name			
Position:	030			
Loop:	2100B	Optional (Must Use)		
Level:	Detail			
Usage:	Optional (Must Use)			
Max Use:	1			
Purpose:	To supply the full name of an individual or organizational entity			
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.		
	2	If NM111 is present, then NM110 is required.		
Semantic Notes:	1	NM102 qualifies NM103.		
Comments:	1	NM110 and NM111 further define the type of entity in NM101.		
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the eligibility/benefit information receiver (e.g., provider, medical group, IPA, or hospital).			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**NM101**	**98**	**Entity Identifier Code**	**M**	**ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
M	**NM102**	**1065**	**Entity Type Qualifier**	**M**	**ID 1/1**
			Code qualifying the type of entity		
			Use this code to indicate whether the entity is an individual person or an organization.		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
	NM103	**1035**	**Name Last or Organization Name**	**O**	**AN 1/35**
			Individual last name or organizational name		
			Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name.		
			Use if available.		
			INDUSTRY: Information Receiver Last or Organization Name		
Must Use	**NM108**	**66**	**Identification Code Qualifier**	**X**	**ID 1/2**
			Code designating the system/method of code structure used for Identification Code (67)		
			Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. Because only one number can be submitted in NM109, the following hierarchy must be used. Additional identifiers are to be placed in the REF segment. If the information receiver is a provider and the National Provider ID is mandated for use, code value "XX" must be used. Otherwise, one of the		

following codes may be used with the following hierarchy applied: Use the first code that applies: "SV", "PP", "FI", "34". The code "SV" is recommended to be used prior to the mandated use of the National Provider ID. If the information receiver is a payer and the HCFA National PlanID is mandated for use, code value "XV" must be used, otherwise, use code value "PI". If the information receiver is an employer, use code value "24".

INDUSTRY: Identification Code Qualifier

SV	Service Provider Number

Use this code for the identification number assigned by the information source.

Must Use	**NM109**	**67**	**Identification Code**	**X**	**AN 2/80**

Code identifying a party or other code

Use this code for the reference number as qualified by the preceding data element (NM108).

INDUSTRY: Information Receiver Identification Number

DEERS: State Code Number

Segment:	**N4** Geographic Location	
Position:	070	
Loop:	2100B	Optional (Must Use)
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To specify the geographic place of the named party	
Syntax Notes:	**1**	If N406 is present, then N405 is required.
Semantic Notes:		
Comments:	**1**	A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
	2	N402 is required only if city name (N401) is in the U.S. or Canada.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
Must Use	**N402**	**156**	**State or Province Code**	**O** **ID 2/2**
			Code (Standard State/Province) as defined by appropriate government agency	

Segment:	**AAA** Information Receiver Request Validation		
Position:	085		
Loop:	2100B	Optional (Must Use)	
Level:	Detail		
Usage:	Optional		
Max Use:	1		
Purpose:	To specify the validity of the request and indicate follow-up action authorized		
Syntax Notes:			
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.	
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.	
Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.		
	Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	**M ID 1/1**
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	**O ID 2/2**
			Code assigned by issuer to identify reason for rejection	
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.	
			INDUSTRY: Reject Reason Code	
			15 Required application data missing	
			Use this code only when the information receiver's additional identification is missing.	
			41 Authorization/Access Restrictions	
			43 Invalid/Missing Provider Identification	
			44 Invalid/Missing Provider Name	
			45 Invalid/Missing Provider Specialty	
			46 Invalid/Missing Provider Phone Number	

47		Invalid/Missing Provider State
48		Invalid/Missing Referring Provider Identification Number
50		Provider Ineligible for Inquiries
51		Provider Not on File
79		Invalid Participant Identification

> Use this code only when the information receiver is not a provider or payer.

97		Invalid or Missing Provider Address
T4		Payer Name or Identifier Missing

> Use this code only when the information receiver is a payer.

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

> Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).
>
> INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

Segment:	**HL** Subscriber Level
Position:	010
Loop:	2000C Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	**1** The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
	The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:	Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

	An example of the overall structure of the transaction set when used in batch mode is:
	Information Source Loop 2000A
	Information Receiver Loop 2000B
	    Subscriber Loop 2000C
	       Dependent Loop 2000D
	          Eligibility or Benefit Information
	       Dependent Loop 2000D
	          Eligibility or Benefit Information
	    Subscriber Loop 2000C
	       Eligibility or Benefit Information

	This segment is required if this loop is used.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	HL01	628	**Hierarchical ID Number**	M AN 1/12

A unique number assigned by the sender to identify a particular data segment
in a hierarchical structure

An example of the use of the HL segment and this data element is:

 HL*1**20*1~

NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~

HL*2*1*21*1~

NM1*1P*1*JONES*MARCUS***MD*SV*0202034~

HL*3*2*22*1~

NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~

HL*4*3*23*0~

NM1*03*1*SMITH*MARY*LOU~

 Eligibility/Benefit Data

HL*5*2*22*0~

NM1*IL*1*BROWN*JOHN*E***MI*22211333301~

 Eligibility/Benefit Data

Use the sequentially assigned positive number to identify each specific
occurrence of an HL segment within a transaction set. It should begin with the
number one and be incremented by one for each successive occurrence of the
HL segment within that specific transaction set (ST through SE).

INDUSTRY: Hierarchical ID Number

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL02	734	**Hierarchical Parent ID Number**	O AN 1/12

Identification number of the next higher hierarchical data segment that the data
segment being described is subordinate to

Use this ID number to identify the specific hierarchical level to which this
level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

2		Receiver

	Ref. Des.	Data Element	Name	Attributes
M	HL03	735	**Hierarchical Level Code**	M ID 1/2

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by
the level code; this association continues until the next occurrence of an HL
segment.

INDUSTRY: Hierarchical Level Code

22		Subscriber

Identifies the employee or group member who is covered
for insurance and to whom, or on behalf of whom, the
insurer agrees to pay benefits

Use the subscriber level to identify the insured or
subscriber of the health care coverage. This entity may
or may not be the actual patient.

	Ref. Des.	Data Element	Name	Attributes
Must Use	HL04	736	**Hierarchical Child Code**	O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, the code value in the HL04 at the Loop 2000C level should be "1" if a Loop 2000D level (dependent) is associated with this subscriber. If no Loop 2000D level exists for this subscriber, then the code value for HL04 should be "0" (zero).

INDUSTRY: Hierarchical Child Code

0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Segment:	**TRN** Subscriber Trace Number
Position:	020
Loop:	2000C Optional
Level:	Detail
Usage:	Optional
Max Use:	3
Purpose:	To uniquely identify a transaction to an application
Syntax Notes:	
Semantic Notes:	1 TRN02 provides unique identification for the transaction.
	2 TRN03 identifies an organization.
	3 TRN04 identifies a further subdivision within the organization.
Comments:	
Notes:	Use this segment to convey a unique trace or reference number. See Section 1.3.6 Information Linkage for additional information.

An information source may receive up to two TRN segments in each loop 2000C of a 270 transaction and must return each of them in loop 2000C of the 271 transaction with a value of "2" in TRN01.

If the subscriber is the patient, an information source may add one TRN segment to loop 2000C with a value of "1" in TRN01 and must identify themselves in TRN03.

If this transaction passes through a clearinghouse, the clearinghouse will receive from the information source the information receiver's TRN segment and the clearinghouse's TRN segment with a value of "2" in TRN01. Since the ultimate destination of the transaction is the information receiver, if the clearinghouse intends on passing their TRN segment to the information receiver, the clearinghouse must change the value in TRN01 to "1" of their TRN segment. This must be done since the trace number in the clearinghouse's TRN segment is not actually a referenced transaction trace number to the information receiver.

DEERS:

The trace number on the original 270 will be returned with the Person. If the person found on DEERS is a sponsor, the trace number will be returned at the Subscriber level. If the person found on DEERS is a dependent, the trace number will be returned at the dependent level.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	TRN01	481	**Trace Type Code**	M ID 1/2
			Code identifying which transaction is being referenced	
			INDUSTRY: Trace Type Code	
			2 Referenced Transaction Trace Numbers	
			The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.	
M	TRN02	127	**Reference Identification**	M AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: Trace Number

DEERS: Unique Transaction ID

Segment:	**NM1** Subscriber Name	
Position:	030	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional (Must Use)	
Max Use:	1	
Purpose:	To supply the full name of an individual or organizational entity	
Syntax Notes:	1	If either NM108 or NM109 is present, then the other is required.
	2	If NM111 is present, then NM110 is required.
Semantic Notes:	1	NM102 qualifies NM103.
Comments:	1	NM110 and NM111 further define the type of entity in NM101.
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the insured or subscriber.	

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	NM101	98	**Entity Identifier Code**	M	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		
			INDUSTRY: Entity Identifier Code		
			IL Insured or Subscriber		
M	NM102	1065	**Entity Type Qualifier**	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Must Use	NM103	1035	**Name Last or Organization Name**	O	AN 1/35
			Individual last name or organizational name		
			Use this name for the subscriber's last name.		
			Required unless a rejection response is generated and this element was not valued in the request.		
			INDUSTRY: Subscriber Last Name		
			DEERS: Last Name		
Must Use	NM104	1036	**Name First**	O	AN 1/25
			Individual first name		
			Use this name for the subscriber's first name.		
			Required unless a rejection response is generated and this element was not valued in the request.		
			INDUSTRY: Subscriber First Name		

DEERS: First Name

NM105   **1037**   **Name Middle**   **O**   **AN 1/25**

Individual middle name or initial

Use this name for the subscriber's middle name or initial.

Change second note: Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

INDUSTRY: Subscriber Middle Name

Segment:	**REF** Subscriber Additional Identification
Position:	040
Loop:	2100C Optional (Must Use)
Level:	Detail
Usage:	Optional (Must Use)
Max Use:	1
Purpose:	To specify identifying information
Syntax Notes:	1 At least one of REF02 or REF03 is required.
	2 If either C04003 or C04004 is present, then the other is required.
	3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1 REF04 contains data relating to the value cited in REF02.
Comments:	
Notes:	Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
	Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.
	Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
	If the 270 request contained a REF segment with a Patient Account Number in Loop 2100C/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**REF01**	**128**	**Reference Identification Qualifier**	**M ID 2/3**
			Code qualifying the Reference Identification	
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.	
			INDUSTRY: Reference Identification Qualifier	
		SY	Social Security Number	
			The social security number may not be used for any Federally administered programs such as Medicare.	
Must Use	**REF02**	**127**	**Reference Identification**	**X AN 1/30**
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			Use this information for the reference number as qualified by the preceding data element (REF01).	

INDUSTRY: Subscriber Supplemental Identifier

DEERS: SSN

Segment:	**REF** Subscriber Additional Identification		
Position:	040		
Loop:	2100C	Optional (Must Use)	
Level:	Detail		
Usage:	Optional		
Max Use:	1		
Purpose:	To specify identifying information		
Syntax Notes:	1	At least one of REF02 or REF03 is required.	
	2	If either C04003 or C04004 is present, then the other is required.	
	3	If either C04005 or C04006 is present, then the other is required.	
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.	
Comments:			

Notes:

Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.

Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

If the 270 request contained a REF segment with a Patient Account Number in Loop 2100C/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	REF01	128	**Reference Identification Qualifier**	M	ID 2/3
			Code qualifying the Reference Identification		
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.		
			INDUSTRY: Reference Identification Qualifier		
			EJ Patient Account Number		
			A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment		
Must Use	REF02	127	**Reference Identification**	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

Use this information for the reference number as qualified by the preceding data element (REF01).

INDUSTRY: Subscriber Supplemental Identifier

DEERS: State Unique ID Number

Segment:	AAA Subscriber Request Validation			
Position:	085			
Loop:	2100C	Optional (Must Use)		
Level:	Detail			
Usage:	Optional			
Max Use:	1			
Purpose:	To specify the validity of the request and indicate follow-up action authorized			
Syntax Notes:				
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.		
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.		
Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).			

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	M ID 1/1
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	O ID 2/2
			Code assigned by issuer to identify reason for rejection	
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. Use codes "43", "45", "47", "48", or "51" only in response to information that is in or should be in the PRV segment in the Subscriber Name loop (2100C). INDUSTRY: Reject Reason Code	
			15 Required application data missing	
			42 Unable to Respond at Current Time	
			Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or	

<table>
<tr><td colspan="2"></td><td>dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response).</td></tr>
<tr><td></td><td>43</td><td>Invalid/Missing Provider Identification</td></tr>
<tr><td></td><td>45</td><td>Invalid/Missing Provider Specialty</td></tr>
<tr><td></td><td>47</td><td>Invalid/Missing Provider State</td></tr>
<tr><td></td><td>48</td><td>Invalid/Missing Referring Provider Identification Number</td></tr>
<tr><td></td><td>49</td><td>Provider is Not Primary Care Physician</td></tr>
<tr><td></td><td>51</td><td>Provider Not on File</td></tr>
<tr><td></td><td>52</td><td>Service Dates Not Within Provider Plan Enrollment</td></tr>
<tr><td></td><td>56</td><td>Inappropriate Date</td></tr>
<tr><td></td><td>57</td><td>Invalid/Missing Date(s) of Service</td></tr>
<tr><td></td><td>58</td><td>Invalid/Missing Date-of-Birth</td></tr>
<tr><td></td><td>60</td><td>Date of Birth Follows Date(s) of Service</td></tr>
<tr><td></td><td>61</td><td>Date of Death Precedes Date(s) of Service</td></tr>
<tr><td></td><td>62</td><td>Date of Service Not Within Allowable Inquiry Period</td></tr>
<tr><td></td><td>63</td><td>Date of Service in Future</td></tr>
<tr><td></td><td>64</td><td>Invalid/Missing Patient ID</td></tr>
<tr><td></td><td>65</td><td>Invalid/Missing Patient Name</td></tr>
<tr><td></td><td>66</td><td>Invalid/Missing Patient Gender Code</td></tr>
<tr><td></td><td>67</td><td>Patient Not Found</td></tr>
<tr><td></td><td>68</td><td>Duplicate Patient ID Number</td></tr>
<tr><td></td><td>71</td><td>Patient Birth Date Does Not Match That for the Patient on the Database</td></tr>
<tr><td></td><td>72</td><td>Invalid/Missing Subscriber/Insured ID</td></tr>
<tr><td></td><td>73</td><td>Invalid/Missing Subscriber/Insured Name</td></tr>
<tr><td></td><td>74</td><td>Invalid/Missing Subscriber/Insured Gender Code</td></tr>
<tr><td></td><td>75</td><td>Subscriber/Insured Not Found</td></tr>
<tr><td></td><td>76</td><td>Duplicate Subscriber/Insured ID Number</td></tr>
<tr><td></td><td>77</td><td>Subscriber Found, Patient Not Found</td></tr>
<tr><td></td><td>78</td><td>Subscriber/Insured Not in Group/Plan Identified</td></tr>
</table>

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
	Use only when AAA03 is "42".
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit

Y   Do Not Resubmit; We Will Hold Your Request and
                               Respond Again Shortly

Use only when AAA03 is "42".

Segment:	**DMG** Subscriber Demographic Information	
Position:	100	
Loop:	2100C	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply demographic information	
Syntax Notes:	1	If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	1	DMG02 is the date of birth.
	2	DMG07 is the country of citizenship.
	3	DMG09 is the age in years.
Comments:		
Notes:	Use this segment to convey the birth date or gender demographic information for the subscriber.	
	Use this segment only if the subscriber is the patient and if this information is availalble from the Information Source's database unless a rejection response is generated and the elements were not valued in the request.	

Data Element Summary

Ref. Des.	Data Element	Name	Attributes	
DMG01	1250	**Date Time Period Format Qualifier**	**X**	**ID 2/3**
		Code indicating the date format, time format, or date and time format		
		Use this code to indicate the format of the date of birth that follows in DMG02.		
		INDUSTRY: Date Time Period Format Qualifier		
		D8 Date Expressed in Format CCYYMMDD		
DMG02	1251	**Date Time Period**	**X**	**AN 1/35**
		Expression of a date, a time, or range of dates, times or dates and times		
		Use this date for the date of birth of the individual.		
		Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
		INDUSTRY: Subscriber Birth Date		
		DEERS: Birth Date		
DMG03	1068	**Gender Code**	**O**	**ID 1/1**
		Code indicating the sex of the individual		
		Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
		INDUSTRY: Subscriber Gender Code		

DEERS: Sex	
F	Female
M	Male
U	Unknown

Segment:	**INS** Subscriber Relationship
Position:	110
Loop:	2100C Optional (Must Use)
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To provide benefit information on insured entities
Syntax Notes:	**1** If either INS11 or INS12 is present, then the other is required.
Semantic Notes:	**1** INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.
	2 INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
	3 INS12 is the date of death.
	4 INS14, INS15, and INS16 identify where the employee works.
	5 INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).
Comments:	
Notes:	Use this segment if necessary to convey insurance related information about the individual identified.
	This segment may also be used to identify that the information source has changed some of the identifying elements for the subscriber that the information receiver submitted in the original 270 transaction.
	Different types of health plans identify patients in different manners depending upon how their eligibility is structured. However, two approaches predominate. The first approach is to assign each individual member of the family (and plan) a unique ID number. This number can be used to identify and access that individual's information independent of whether he or she is a child, spouse, or the actual subscriber to the plan. In this approach, the patient can be identified at the subscriber or insured hierarchical level because a unique ID number exists to access eligibility information for this individual. The relationship of this individual to the actual subscriber or contract holder would be one of spouse, child, self, etc.
	The second approach is to assign the actual subscriber or contract holder a unique ID number that is entered into the eligibility system. Any related spouse, children, or dependents are identified through the subscriber's ID and have no unique identification number of their own. In this approach, the subscriber would be identified at the Loop 2100C subscriber or insured level, and the actual patient (spouse, child, etc.) would be identified at the Loop 2100D dependent level under the subscriber.
	DEERS: Soft Match Indicator. INS04 Maintenance Reason Code "25 - Change In Identifying Data Elements" indicates that the person returned on the response matched on SSN and either Name or DOB. It also Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes

M	**INS01**	**1073**	**Yes/No Condition or Response Code**	**M**	**ID 1/1**

Code indicating a Yes or No condition or response

INDUSTRY: Insured Indicator

Y   Yes

M	**INS02**	**1069**	**Individual Relationship Code**	**M**	**ID 2/2**

Code indicating the relationship between two individuals or entities

INDUSTRY: Individual Relationship Code

18   Self

	INS03	**875**	**Maintenance Type Code**	**O**	**ID 3/3**

Code identifying the specific type of item maintenance

Use this element (and code "25" in INS04) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.

INDUSTRY: Maintenance Type Code

DEERS: Soft Match Indicator. Indicates that the person returned on the response matched on SSN and either Name or DOB. Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

001   Change

	INS04	**1203**	**Maintenance Reason Code**	**O**	**ID 2/3**

Code identifying the reason for the maintenance change

Use this element (and code "001" in INS03) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.

INDUSTRY: Maintenance Reason Code

DEERS: Soft Match Indicator. Indicates that the person returned on the response matched on SSN and either Name or DOB. Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

25   Change in Identifying Data Elements

A change has been made to the primary elements that identify a specific employee. Such elements are first name, last name, social security number, date of birth, and employee identification number

Use this code to indicate that a change has been made to the primary elements that identify a specific person. Such elements are first name, last name, date of birth, identification numbers, and address.

Segment:	**EB** Subscriber Eligibility or Benefit Information	
Position:	130	
Loop:	2110C	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply eligibility or benefit information	
Syntax Notes:	**1**	If either EB09 or EB10 is present, then the other is required.
Semantic Notes:	**1**	EB01 qualifies EB06 through EB10.
	2	EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
	3	EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.
Comments:		
Notes:		

Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.

This segment is required if the subscriber is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.

When the subscriber is not the person whose eligibility or benefits are being described, this loop must not be used.

A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.

The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Data Element Summary

Ref. Des.	**Data Element**	**Name**	**Attributes**

M	**EB01**	**1390**	**Eligibility or Benefit Information**	**M**	**ID 1/2**

Code identifying eligibility or benefit information

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

INDUSTRY: Eligibility or Benefit Information

1	Active Coverage
V	Cannot Process

	EB05	**1204**	**Plan Coverage Description**	**O**	**AN 1/50**

A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

INDUSTRY: Plan Coverage Description

DEERS: Medical Privilages

0	None
1	TRICARE Standard
2	TRICARE Prime
3	CHAMPVA
4	Other
5	TRICARE for Life

	Segment:	**DTP** Subscriber Eligibility/Benefit Date
	Position:	150
	Loop:	2110C Optional
	Level:	Detail
	Usage:	Optional
	Max Use:	1
	Purpose:	To specify any or all of a date, a time, or a time period
	Syntax Notes:	
	Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.
	Comments:	

Notes: Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.

When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			356 Eligibility Begin		
			Date on which eligibility begins		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		
			DEERS: Eligibility Begin Date		

Segment:	**DTP** Subscriber Eligibility/Benefit Date	
Position:	150	
Loop:	2110C Optional	
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify any or all of a date, a time, or a time period	
Syntax Notes:		
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.	
Comments:		
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.	

When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name (Loop 2100C) loop.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			357 Eligibility End		
			Date on which eligibility ends		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		
			DEERS: Eligibility End Date		

Segment:	$\mathbf{AAA}$ Subscriber Request Validation	
Position:	160	
Loop:	2110C	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify the validity of the request and indicate follow-up action authorized	
Syntax Notes:		
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.
Notes:		Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	AAA01	1073	**Yes/No Condition or Response Code**	**M ID 1/1**
			Code indicating a Yes or No condition or response	
			INDUSTRY: Valid Request Indicator	
			N No	
			Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03.	
			Y Yes	
			Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	
Must Use	AAA03	901	**Reject Reason Code**	**O ID 2/2**
			Code assigned by issuer to identify reason for rejection	
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.	
			INDUSTRY: Reject Reason Code	
			15 Required application data missing	
			52 Service Dates Not Within Provider Plan Enrollment	
			53 Inquired Benefit Inconsistent with Provider Type	
			54 Inappropriate Product/Service ID Qualifier	
			55 Inappropriate Product/Service ID	
			56 Inappropriate Date	
			57 Invalid/Missing Date(s) of Service	

			60	Date of Birth Follows Date(s) of Service	
			61	Date of Death Precedes Date(s) of Service	
			62	Date of Service Not Within Allowable Inquiry Period	
			63	Date of Service in Future	
			69	Inconsistent with Patient's Age	
			70	Inconsistent with Patient's Gender	

Must Use **AAA04** **889** **Follow-up Action Code**   **O   ID 1/1**

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

—

Segment:	**HL** **Dependent Level**
Position:	010
Loop:	2000D Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To identify dependencies among and the content of hierarchically related groups of data segments
Syntax Notes:	
Semantic Notes:	
Comments:	**1** The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
	The HL segment defines a top-down/left-right ordered structure.
	2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
	3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
	4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
	5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes:	Use this segment to identify the hierarchical or entity level of information being conveyed. The HL structure allows for the efficient nesting of related occurrences of information. The developers' intent is to clearly identify the relationship of the patient to the subscriber and the subscriber to the provider. Additionally, multiple subscribers and/or dependents (i.e., the patient) can be grouped together under the same provider or the information for multiple providers or information receivers can be grouped together for the same payer or information source.

An example of the overall structure of the transaction set when used in batch mode is:
Information Source Loop 2000A
Information Receiver Loop 2000B
    Subscriber Loop 2000C
        Dependent Loop 2000D
           Eligibility or Benefit Information
        Dependent Loop 2000D
           Eligibility or Benefit Information
    Subscriber Loop 2000C
        Eligibility or Benefit Information

Data Element Summary

Ref. **Des.**	**Data** **Element**	**Name**	**Attributes**

| M | HL01 | 628 | **Hierarchical ID Number** | M AN 1/12 |

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).

An example of the use of the HL segment and this data element is:
 HL*1**20*1~
NM1*PR*2*ABC INSURANCE COMPANY*****PI*842610001~
HL*2*1*21*1~
NM1*1P*1*JONES*MARCUS***MD*SV*0202034~
HL*3*2*22*1~
NM1*IL*1*SMITH*ROBERT*B***MI*11122333301~
HL*4*3*23*0~
NM1*03*1*SMITH*MARY*LOU~
 Eligibility/Benefit Data
HL*5*2*22*0~
NM1*IL*1*BROWN*JOHN*E***MI*22211333301~
 Eligibility/Benefit Data

INDUSTRY: Hierarchical ID Number

| 4 | Incremental |

| Must Use | HL02 | 734 | **Hierarchical Parent ID Number** | O AN 1/12 |

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to

Use this ID number to identify the specific hierarchical level to which this level is subordinate.

INDUSTRY: Hierarchical Parent ID Number

| M | HL03 | 735 | **Hierarchical Level Code** | M ID 1/2 |

Code defining the characteristic of a level in a hierarchical structure

All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.

INDUSTRY: Hierarchical Level Code

| 23 | Dependent |

Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits

Use the dependent level to identify an individual(s) who may be a dependent of the subscriber/insured. This entity may or may not be the actual patient.

| Must Use | HL04 | 736 | **Hierarchical Child Code** | O ID 1/1 |

Code indicating if there are hierarchical child data segments subordinate to the level being described

Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

Because of the hierarchical structure, and because no subordinate HL levels exist, the code value in the HL04 at the Loop 2000D level should be "0" (zero).

INDUSTRY: Hierarchical Child Code

0   No Subordinate HL Segment in This Hierarchical Structure.

Segment:	**TRN** Dependent Trace Number
Position:	020
Loop:	2000D Optional
Level:	Detail
Usage:	Optional
Max Use:	3
Purpose:	To uniquely identify a transaction to an application
Syntax Notes:	
Semantic Notes:	1 TRN02 provides unique identification for the transaction.
	2 TRN03 identifies an organization.
	3 TRN04 identifies a further subdivision within the organization.
Comments:	
Notes:	Use this segment to convey a unique trace or reference number. See Section 1.3.6 Information Linkage for additional information.

An information source may receive up to two TRN segments in each loop 2000D of a 270 transaction and must return each of them in loop 2000D of the 271 transaction with a value of "2" in TRN01.

An information source may add one TRN segment to loop 2000D with a value of "1" in TRN01 and must identify themselves in TRN03.

If this transaction passes through a clearinghouse, the clearinghouse will receive from the information source the information receiver's TRN segment and the clearinghouse's TRN segment with a value of "2" in TRN01. Since the ultimate destination of the transaction is the information receiver, if the clearinghouse intends on passing their TRN segment to the information receiver, the clearinghouse must change the value in TRN01 to "1" of their TRN segment. This must be done since the trace number in the clearinghouse's TRN segment is not actually a referenced transaction trace number to the information receiver.

DEERS:

The trace number on the original 270 will be returned with the Person. If the person found on DEERS is a sponsor, the trace number will be returned at the Subscriber level. If the person found on DEERS is a dependent, the trace number will be returned at the dependent level.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	TRN01	481	**Trace Type Code**	M ID 1/2
			Code identifying which transaction is being referenced	
			INDUSTRY: Trace Type Code	
			2 Referenced Transaction Trace Numbers	
			The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.	

| M | TRN02 | 127 | **Reference Identification** | M | AN 1/30 |

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: Trace Number

DEERS: Unique Transaction ID

| M | TRN02 | 127 | **Reference Identification** | M | AN 1/30 |

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment:	$NM1$ **Dependent Name**		
Position:	030		
Loop:	2100D	Optional (Must Use)	
Level:	Detail		
Usage:	Optional (Must Use)		
Max Use:	1		
Purpose:	To supply the full name of an individual or organizational entity		
Syntax Notes:	**1**	If either NM108 or NM109 is present, then the other is required.	
	2	If NM111 is present, then NM110 is required.	
Semantic Notes:	**1**	NM102 qualifies NM103.	
Comments:	**1**	NM110 and NM111 further define the type of entity in NM101.	
Notes:	Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify the dependent of an insured or subscriber.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**NM101**	**98**	**Entity Identifier Code**	**M ID 2/3**
			Code identifying an organizational entity, a physical location, property or an individual	
			INDUSTRY: Entity Identifier Code	
			03 Dependent	
M	**NM102**	**1065**	**Entity Type Qualifier**	**M ID 1/1**
			Code qualifying the type of entity	
			INDUSTRY: Entity Type Qualifier	
			1 Person	
	NM103	**1035**	**Name Last or Organization Name**	**O AN 1/35**
			Individual last name or organizational name	
			Use this name for the dependent's last name.	
			Required unless a rejection response is generated and this element was not valued in the request.	
			INDUSTRY: Dependent Last Name	
			DEERS: Last Name	
	NM104	**1036**	**Name First**	**O AN 1/25**
			Individual first name	
			Use this name for the dependent's first name.	
			Required unless a rejection response is generated and this element was not valued in the request.	
			INDUSTRY: Dependent First Name	

DEERS: First Name

NM105	**1037**	**Name Middle**	**O**	**AN 1/25**

Individual middle name or initial

Use this name for the dependent's middle name or initial.

Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request.

INDUSTRY: Dependent Middle Name

DEERS: Middle Nam

Segment:	**REF** Dependent Additional Identification	
Position:	040	
Loop:	2100D	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To specify identifying information	
Syntax Notes:	1	At least one of REF02 or REF03 is required.
	2	If either C04003 or C04004 is present, then the other is required.
	3	If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	1	REF04 contains data relating to the value cited in REF02.
Comments:		
Notes:		

Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.

Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.

Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.

If the 270 request contained a REF segment with a Patient Account Number in Loop 2100D/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	REF01	128	**Reference Identification Qualifier**	**M ID 2/3**

Code qualifying the Reference Identification

Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.

INDUSTRY: Reference Identification Qualifier

SY   Social Security Number

The social security number may not be used for any Federally administered programs such as Medicare.

	Ref. Des.	Data Element	Name	Attributes
Must Use	REF02	127	**Reference Identification**	**X AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Use this information for the reference number as qualified by the preceding data element (REF01).

INDUSTRY: Dependent Supplemental Identifier

DEERS: SSN

Segment:	**REF** Dependent Additional Identification
Position:	040
Loop:	2100D Optional (Must Use)
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify identifying information
Syntax Notes:	**1** At least one of REF02 or REF03 is required.
	2 If either C04003 or C04004 is present, then the other is required.
	3 If either C04005 or C04006 is present, then the other is required.
Semantic Notes:	**1** REF04 contains data relating to the value cited in REF02.
Comments:	
Notes:	Use this segment to supply an identification number other than or in addition to the Member Identification Number. The type of reference number is determined by the qualifier in REF01.
	Required if the Information Source requires additional identifiers necessary to identify the Subscriber for other transactions such as claims, authorizations, etc.
	Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Numbers are to be provided in the NM1 segment as a Member Identification Number when it is the primary number an information source knows a member by (such as for Medicare or Medicaid). Do not use this segment for the Health Insurance Claim (HIC) Number or Medicaid Recipient Identification Number unless they are different from the Member Identification Number provided in the NM1 segment.
	If the 270 request contained a REF segment with a Patient Account Number in Loop 2100D/REF02 with REF01 equal EJ, then it must be returned in the 271 transaction using this segment.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	REF01	128	**Reference Identification Qualifier**		M ID 2/3
			Code qualifying the Reference Identification		
			Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both.		
			INDUSTRY: Reference Identification Qualifier		
			1W	Member Identification Number	
				Unique identification number assigned to each member under a subscriber's contract	
				Use only if Loop 2100D NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.	
Must Use	REF02	127	**Reference Identification**		X AN 1/30
			Reference information as defined for a particular Transaction Set or as		

specified by the Reference Identification Qualifier

Use this information for the reference number as qualified by the preceding data element (REF01).

INDUSTRY: Dependent Supplemental Identifier

DEERS: State Unique ID Number

Segment:	**AAA** Dependent Request Validation				
Position:	085				
Loop:	2100D	Optional (Must Use)			
Level:	Detail				
Usage:	Optional				
Max Use:	1				
Purpose:	To specify the validity of the request and indicate follow-up action authorized				
Syntax Notes:					
Semantic Notes:	1	AAA01 designates whether the request is valid or invalid. Code "Y" indicates that the code is valid; code "N" indicates that the code is invalid.			
Comments:	1	If AAA02 is used, AAA03 contains a code from an industry code list.			
Notes:	Use this segment when a request could not be processed at a system or application level and to indicate what action the originator of the request transaction should take.				
	Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's dependent name loop (Loop 2100D).				

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	**AAA01**	**1073**	**Yes/No Condition or Response Code**	**M**	**ID 1/1**
			Code indicating a Yes or No condition or response		
			INDUSTRY: Valid Request Indicator		
			N No		
			Y Yes		
Must Use	**AAA03**	**901**	**Reject Reason Code**	**O**	**ID 2/2**
			Code assigned by issuer to identify reason for rejection		
			Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content.		
			Use codes "43", "45", "47", "48", or "51" only in response to information that is in or should be in the PRV segment in the Dependent Name loop (2100D).		
			INDUSTRY: Reject Reason Code		
			15 Required application data missing		
			42 Unable to Respond at Current Time		
			Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out in generating a response). Use only codes "R", "S", or "Y" for AAA04.		
			43 Invalid/Missing Provider Identification		
			45 Invalid/Missing Provider Specialty		

47	Invalid/Missing Provider State
48	Invalid/Missing Referring Provider Identification Number
49	Provider is Not Primary Care Physician
51	Provider Not on File
52	Service Dates Not Within Provider Plan Enrollment
56	Inappropriate Date
57	Invalid/Missing Date(s) of Service
58	Invalid/Missing Date-of-Birth
60	Date of Birth Follows Date(s) of Service
61	Date of Death Precedes Date(s) of Service
62	Date of Service Not Within Allowable Inquiry Period
63	Date of Service in Future
64	Invalid/Missing Patient ID
65	Invalid/Missing Patient Name
66	Invalid/Missing Patient Gender Code
67	Patient Not Found
68	Duplicate Patient ID Number
71	Patient Birth Date Does Not Match That for the Patient on the Database

Must Use   AAA04   889   Follow-up Action Code   O   ID 1/1

Code identifying follow-up actions allowed

Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

INDUSTRY: Follow-up Action Code

C	Please Correct and Resubmit
N	Resubmission Not Allowed
R	Resubmission Allowed
	Use only when AAA03 is "42".
S	Do Not Resubmit; Inquiry Initiated to a Third Party
W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
	Use only when AAA03 is "42".

Segment:	**DMG** **Dependent Demographic Information**	
Position:	100	
Loop:	2100D Optional (Must Use)	
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply demographic information	
Syntax Notes:	**1**	If either DMG01 or DMG02 is present, then the other is required.
Semantic Notes:	**1**	DMG02 is the date of birth.
	2	DMG07 is the country of citizenship.
	3	DMG09 is the age in years.
Comments:		
Notes:	Use this segment to convey the birth date or gender demographic information for the dependent. Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request.	

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
DMG01	**1250**	**Date Time Period Format Qualifier**	**X ID 2/3**
		Code indicating the date format, time format, or date and time format	
		Use this code to indicate the format of the date of birth that follows in DMG02. INDUSTRY: Date Time Period Format Qualifier	
		D8 Date Expressed in Format CCYYMMDD	
DMG02	**1251**	**Date Time Period**	**X AN 1/35**
		Expression of a date, a time, or range of dates, times or dates and times	
		Use this date for the date of birth of the individual. Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request. INDUSTRY: Dependent Birth Date DEERS: Birth Date	
DMG03	**1068**	**Gender Code**	**O ID 1/1**
		Code indicating the sex of the individual	
		Required if this is availalble from the Information Source's database unless a rejection response is generated and this element was not valued in the request. INDUSTRY: Dependent Gender Code DEERS: Sex	

F   Female
M   Male
U   Unknown

Segment:	**INS** Dependent Relationship	
Position:	110	
Loop:	2100D	Optional (Must Use)
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To provide benefit information on insured entities	
Syntax Notes:	1	If either INS11 or INS12 is present, then the other is required.
Semantic Notes:	1	INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber: an "N" value indicates the insured is a dependent.
	2	INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
	3	INS12 is the date of death.
	4	INS14, INS15, and INS16 identify where the employee works.
	5	INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).
Comments:		
Notes:	Use this segment if necessary to convey insurance related information about the individual identified.	

Use this segment if necessary to convey insurance related information about the individual identified.

This segment may also be used to identify that the information source has changed some of the identifying elements for the dependent that the information receiver submitted in the original 270 transaction.

Different types of health plans identify patients in different manners depending upon how their eligibility is structured. However, two approaches predominate.

The first approach is to assign each individual member of the family (and plan) a unique ID number. This number can be used to identify and access that individual's information independent of whether he or she is a child, spouse, or the actual subscriber to the plan. In this approach, the patient can be identified at the subscriber or insured hierarchical level because a unique ID number exists to access eligibility information for this individual. The relationship of this individual to the actual subscriber or contract holder would be one of spouse, child, self, etc.

The second approach is to assign the actual subscriber or contract holder a unique ID number that is entered into the eligibility system. Any related spouse, children, or dependents are identified through the subscriber's ID and have no unique identification number of their own. In this approach, the subscriber would be identified at the Loop 2100C subscriber or insured level, and the actual patient (spouse, child, etc.) would be identified at the Loop 2100D dependent level under the subscriber.

DEERS: Soft Match Indicator. INS04 Maintenance Reason Code "25 - ChangeIn Identifying Data Elements" indicates that the person returned on the response matched on SSN and either Name or DOB. It also Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes

M	INS01	1073	**Yes/No Condition or Response Code**	M	**ID 1/1**

Code indicating a Yes or No condition or response

INDUSTRY: Insured Indicator

	N		No		

M	INS02	1069	**Individual Relationship Code**	M	**ID 2/2**

Code indicating the relationship between two individuals or entities

INDUSTRY: Individual Relationship Code

DEERS: Relationship

	01	Spouse
	19	Child

Dependent between the ages of 0 and 19; age qualifications may vary depending on policy

	21	Unknown

Use this code only if relationship information is not available and there is a need to use data elements INS03, INS04, INS09, INS10 or INS17.

	34	Other Adult

	INS03	875	**Maintenance Type Code**	O	**ID 3/3**

Code identifying the specific type of item maintenance

Use this element (and code "25" in INS04) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.

INDUSTRY: Maintenance Type Code

DEERS: Soft Match Indicator. Indicates that the person returned on the response matched on SSN and either Name or DOB. Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

	001	Change

	INS04	1203	**Maintenance Reason Code**	O	**ID 2/3**

Code identifying the reason for the maintenance change

Use this element (and code "001" in INS03) if any of the identifying elements for the subscriber have been changed from those submitted in the 270.

INDUSTRY: Maintenance Reason Code

DEERS: Soft Match Indicator. Indicates that the person returned on the response matched on SSN and either Name or DOB. Indicates that the person returned on the response has a different Name or DOB than submitted in the inquiry.

	25	Change in Identifying Data Elements

A change has been made to the primary elements that identify a specific employee. Such elements are first name, last name, social security number, date of birth, and employee identification number

Use this code to indicate that a change has been made to the primary elements that identify a specific person. Such elements are first name, last name, date of birth,

and identification numbers.

Segment:	**EB** **Dependent Eligibility or Benefit Information**	
Position:	130	
Loop:	2110D	Optional
Level:	Detail	
Usage:	Optional	
Max Use:	1	
Purpose:	To supply eligibility or benefit information	
Syntax Notes:	**1**	If either EB09 or EB10 is present, then the other is required.
Semantic Notes:	**1**	EB01 qualifies EB06 through EB10.
	2	EB11 is the authorization or certification indicator. A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.
	3	EB12 is the plan network indicator. A "Y" value indicates the benefits identified are considered In-Plan-Network. An "N" value indicates that the benefits identified are considered Out-Of-Plan-Network. A "U" value indicates it is unknown whether the benefits identified are part of the Plan Network.
Comments:		
Notes:	Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.	

Use this segment to begin the eligibility/benefit information looping structure. The EB segment is used to convey the specific eligibility or benefit information for the entity identified.

This segment is required if the dependent is the person whose eligibility or benefits are being described and the transaction is not rejected (see Section 1.3.9) or if the transaction needs to be rejected in this loop.

A limit to the number of repeats of EB loops has not been established. In a batch environment there is no practical reason to limit the number of EB loop repeats. In a real time environment, consideration should be given to how many EB loops are generated given the amount of time it takes to format the response and the amount of time it will take to transmit that response. Since these limitations will vary by information source, it would be completely arbitrary for the developers to set a limit. It is not the intent of the developers to limit the amount of information that is returned in a response, rather to alert information sources to consider the potential delays if the response contains too much information to be formatted and transmitted in real time.

The minimum data for a HIPAA compliant response for a person that has been located in the information source's system must indicate either, 1- Active Coverage or 6 - Inactive in EB01 and, 30 - Health Benefit Plan Coverage in EB03. Information sources are not limited to the minimum HIPAA compliant response and are highly encouraged to create as elaborate a response their systems allow. See section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes	
M	EB01	1390	**Eligibility or Benefit Information**	M	ID 1/2
			Code identifying eligibility or benefit information		

Use this code to identify the eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10.

INDUSTRY: Eligibility or Benefit Information

1	Active Coverage
V	Cannot Process

Must Use	**EB03**	**1365**	**Service Type Code**	**O**	**ID 1/2**

Code identifying the classification of service

If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage. See EB segment notes and section 1.3.7 HIPAA Compliant Use of the 270/271 Transaction Set for additional information. Information receivers need to be made aware that receipt of a 271 response with a Service Type Code of 30 indicates that the information source may not be able to process an explicit request and the response does not indicate coverage of a specific benefit if one was sent in the 270 request.

If a very specific type or category of service for which eligibility or benefits can be described, use one of the codes from the full list.

INDUSTRY: Service Type Code

30	Health Benefit Plan Coverage

Use this code if only a single category of benefits can be supported.

	EB05	**1204**	**Plan Coverage Description**	**O**	**AN 1/50**

A description or number that identifies the plan or coverage

Use this free-form text area to convey the specific product name for an insurance plan.

Use if available.

INDUSTRY: Plan Coverage Description

DEERS: Medical Privilages

0	None
1	TRICARE Standard
2	TRICARE Prime
3	CHAMPVA
4	Other
5	TRICARE for Life

Segment:	**DTP** Dependent Eligibility/Benefit Date
Position:	150
Loop:	2110D Optional
Level:	Detail
Usage:	Optional
Max Use:	1
Purpose:	To specify any or all of a date, a time, or a time period
Syntax Notes:	
Semantic Notes:	1 DTP02 is the date or time or period format that will appear in DTP03.
Comments:	
Notes:	Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.

When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Dependent Name (Loop 2100D) loop.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	**M**	**ID 3/3**
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			356 Eligibility Begin		
			Date on which eligibility begins		
M	DTP02	1250	**Date Time Period Format Qualifier**	**M**	**ID 2/3**
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	**M**	**AN 1/35**
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		
			DEERS: Eligibility Begin Date		

Segment:		**DTP** Dependent Eligibility/Benefit Date	
Position:	150		
Loop:	2110D	Optional	
Level:	Detail		
Usage:	Optional		
Max Use:	1		
Purpose:	To specify any or all of a date, a time, or a time period		
Syntax Notes:			
Semantic Notes:	1	DTP02 is the date or time or period format that will appear in DTP03.	
Comments:			

Notes: Use this segment to convey dates associated with the information contained in the corresponding Eligibility or Benefit Information (EB) loop.

When using codes "307" (Eligibility), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply only to the Eligibility or Benefit Information (EB) loop that it is located in. If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Dependent Name (Loop 2100D) loop.

Data Element Summary

	Ref. Des.	Data Element	Name		Attributes
M	DTP01	374	**Date/Time Qualifier**	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			357 Eligibility End		
			Date on which eligibility ends		
M	DTP02	1250	**Date Time Period Format Qualifier**	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Use this code to specify the format of the date(s)/time(s) that follow in the next data element.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMDD		
M	DTP03	1251	**Date Time Period**	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			Use this date for the date(s) as qualified by the preceding data elements.		
			INDUSTRY: Eligibility or Benefit Date Time Period		
			DEERS: Eligibility End Date		

Segment:	SE Transaction Set Trailer		
Position:	410		
Loop:			
Level:	Summary		
Usage:	Mandatory		
Max Use:	1		
Purpose:	To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)		
Syntax Notes:			
Semantic Notes:			
Comments:	1 SE is the last segment of each transaction set.		
Notes:	Use this segment to mark the end of a transaction set and provide control information on the total number of segments included in the transaction set.		

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	**SE01**	**96**	**Number of Included Segments**	**M N0 1/10**
			Total number of segments included in a transaction set including ST and SE segments	
			INDUSTRY: Transaction Segment Count	
M	**SE02**	**329**	**Transaction Set Control Number**	**M AN 4/9**
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. This number must be unique within a specific functional group (segments GS through GE) and interchange, but can repeat in other groups and interchanges.

INDUSTRY: Transaction Set Control Number | |